

EXTERNAL REVIEW
INTO
MATTERS RELATING TO THE SYSTEM OF
DEALING WITH CHILD ABUSE IN WINNIPEG

I N T E R I M R E P O R T

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R E C O M M E N D A T I O N S

The Winnipeg City Police Child Abuse Unit is highly regarded for its investigatory work; however, the present complement of six investigators and one coordinator is insufficient to ensure a quick and thorough response to all referrals.

IT IS RECOMMENDED THAT MORE POLICE OFFICERS BE ASSIGNED TO THE CHILD ABUSE UNIT.

The Boards of the Child and Family Services Agencies have not been sufficiently active in reviewing service complaints within their region with the result that many complaints go directly to the Minister of Community Services, the Director of Child and Family Services or to the Ombudsman.

IT IS RECOMMENDED THAT ALL BOARDS ESTABLISH APPEAL COMMITTEES TO ALLOW FOR A THOROUGH REVIEW OF SERVICE COMPLAINTS.

IT IS FURTHER RECOMMENDED THAT ONCE SUCH MECHANISMS ARE IN PLACE, THE MINISTER, THE DIRECTOR OF CHILD AND FAMILY SERVICES AND THE OMBUDSMAN ENSURE THAT COMPLAINANTS HAVE EXHAUSTED THIS REGIONAL APPEAL PROCESS BEFORE TAKING ACTION.

The lack of clear and agreed upon standards for service delivery at the agency level creates the potential for varying service quality across Winnipeg, does not allow for service monitoring or auditing, and makes it difficult to hold agencies accountable for their activities.

IT IS RECOMMENDED THAT THE PROVINCE ESTABLISH
COMPREHENSIVE SERVICE STANDARDS FOR ALL CHILD AND
FAMILY SERVICES AGENCIES.

The existing budgetary process severely limits the autonomy of the Child and Services Agencies and restricts their ability to expedite decisions about cases.

IT IS RECOMMENDED THAT THE PROVINCE PROVIDE THE CHILD
AND FAMILY SERVICES AGENCIES WITH A GLOBAL BUDGET.

The consultation offered by the Child Physical and Child Sexual Abuse Committees is often inadequate and at times inappropriate to the needs of the Child and Family Services Agencies for effective case consultation.

IT IS RECOMMENDED THAT EFFECTIVE MULTIDISCIPLINARY
CONSULTATION ON DIFFICULT CHILD WELFARE CASES BE
IMPROVED BY THE CREATION OF A CHILD ABUSE COMMITTEE
FOR EACH AGENCY.

IT IS FURTHER RECOMMENDED THAT EACH CHILD AND FAMILY SERVICES AGENCY ESTABLISH AND PROVIDE ADEQUATE SUPPORTS FOR THE MULTIDISCIPLINARY CHILD ABUSE COMMITTEE WITHIN ITS REGION.

Some of the current problems relating to the response to child abuse in Winnipeg can be traced to training needs of line social workers, supervisors, and Boards of Directors.

IT IS RECOMMENDED THAT THE PROVINCE AND CHILD AND FAMILY SERVICES AGENCIES EXPEDITE THE DEVELOPMENT OF COMPREHENSIVE ORIENTATION AND TRAINING PACKAGES FOR SOCIAL WORKERS AND SUPERVISORS.

IT IS FURTHER RECOMMENDED THAT THE PROVINCE IMMEDIATELY ALLOCATE \$8,000 PER CHILD AND FAMILY SERVICES AGENCY FOR THE PURPOSE OF BOARD MEMBER TRAINING.

IT IS FURTHER RECOMMENDED THAT THE SCHOOL OF SOCIAL WORK REVIEW ITS UNDERGRADUATE CURRICULUM FOR THE PURPOSE OF PROVIDING MORE EDUCATION AND TRAINING SPECIFIC TO THE ISSUE OF CHILD ABUSE.

Training is also an issue for other disciplines which are considered first responders to child abuse: teachers, day care workers, physicians, and public health nurses.

IT IS RECOMMENDED THAT THE PROVINCE AND THESE DISCIPLINES PARTICIPATE IN THE DEVELOPMENT OF AN INTEGRATED, MULTI-DISCIPLINARY TRAINING PROGRAM FOR FIRST RESPONDERS TO CHILD ABUSE.

IT IS FURTHER RECOMMENDED THAT THE EDUCATIONAL INSTITUTIONS WHICH TRAIN THESE DISCIPLINES REVIEW THEIR CURRICULA AND PROVIDE BETTER EDUCATION AND TRAINING AROUND THE ISSUE OF CHILD ABUSE.

I N T R O D U C T I O N

This report is intended to be a presentation of some of the major issues that are relevant to an understanding of the current systems which exist for the purpose of identifying, treating and protecting abused children in Winnipeg. We are hopeful that it will be useful as a means to improve the general level of understanding of the problems that are involved with this question. We have focussed our efforts on those questions which may have practical utility in improving the current systems. While we are not unaware of the theoretical considerations, limited time and resources dictate a predominantly utilitarian approach.

As this is an interim report, it is primarily descriptive and conceptual and it is necessarily somewhat fragmentary. There are a great many organizations and individuals involved with these concerns and we have not, to date, met with all of them. We will be able to rectify this deficiency to a considerable degree by the time that we submit our final report at the end of January, 1987, however, it is impractical for us to consider meeting with all persons who have opinions to express with regard to child abuse.

We would like to acknowledge the exceptional assistance that we have received in our work. As this is a highly charged, emotional issue, it is reasonable to expect that people would have strong feelings about what might be considered appropriate

solutions to the existing problems. Indeed, there is considerable debate concerning what might be defined as a problem. In spite of the potential for acrimony which surrounds this question, the response has been of a very high quality.

It is particularly noteworthy that the Government has established this review under conditions of objectivity that are almost ideal for the reviewers. The interim and final reports are entirely the opinions of the authors and the final report will be tabled in the House without alteration. In addition, we have met with the Opposition and have made use of their observations and analysis in the course of our work. We are aware that they have refrained from making political use of these matters during the course of the review and, in consequence, the quality of our work will be much better than it would have been otherwise. The commitment from the staff, board members and politicians to examine the substance of the problems, rather than their own more narrow concerns, gives reason for optimism.

There are relatively few recommendations in this document. We do not wish to make any proposal until we have been able to thoroughly examine the data and to consider alternate solutions. Thus, the recommendations that we have put forward are intended as an initial set of opinions and not as a comprehensive view of what might be both possible and desirable.

STRUCTURE OF THE REPORT

The structure of the Interim Report reflects our approach to conducting the review. The Team has attempted to review the system from three separate but complementary analytical frameworks. These are: a simple description of the abuse system using mapping as a model of analysis; an analysis of issues directly related to the delivery of abuse services; and an assessment of system operations with particular reference to those coordination and administrative functions which have a causative effect upon the configuration of services to abused children.

The Interim Report has five sections. Section I examines major changes in Manitoba's child and family service system and how these changes have had a significant input on the current system. This section also provides a general description and rationale for the Team's review strategy.

Section II contains a descriptive map of the abuse system. This section presents a series of four flow charts each accompanied by an explanation.

Section III contains a discussion of the major issues particular to the service components of the abuse system. The issues are categorized under each individual service area. It should be noted that this discussion reflects only those issues where there was a high degree of inter-subjective agreement expressed by those persons interviewed.

Section IV summarizes the Team's assessment of the system from an administrative perspective. Problems related to coordination in and between the various systems are cited. This section also lists issues pertaining to the degree of administrative efficiency with which the system operates. Two of the subject areas are budget procedures and management information systems.

Some initial recommendations are made in Sections III and IV.

The final section of the report provides a brief description of the direction and planned activities for the final part of the review.

SECTION I
HISTORICAL OVERVIEW AND REVIEW PROCESS

BACKGROUND

This review cannot be undertaken thoroughly without identifying key developments within Manitoba's child welfare system. Important changes have taken place in legislation, in Native child welfare, through the Kimelman Report, and as a consequence of the dissolution of the Children's Aid Society of Winnipeg. The result of these changes is that the system contains multiple models for delivering child welfare services, has a heavy emphasis on normalization and encourages the use of the multidisciplinary approach to problem solving.

1. Legislation

Child welfare legislation in Manitoba has evolved through three phases: The Act Respecting the Welfare of Children (1922) provided only for last resort intervention for children at imminent risk. With the introduction of group homes in the period immediately following World War II, the child welfare system was offered a new treatment alternative. The movement toward a greater service and treatment orientation was facilitated by developments in social work, psychology, and psychiatry concerning a comprehensive body of knowledge and skills related to the concept of the family. Across North America projects began to emerge in the late 1950's and early 1960's pioneering the provision of comprehensive services to troubled families.

The Child Welfare Act (1974) retained child protection as a central feature, but also emphasized the provision of assistance to families encountering difficulties as a means of avoiding the protective placement of children. The recently adopted Child and Family Services Act (1986) has strengthened and expanded the protective and service components of past legislation and has done so within a particular philosophical context which stresses the importance of the family and community involvement.

While it is not within the purview of the interim report to undertake a detailed analysis of the current Act, certain aspects must be highlighted. The Declaration of Principles which introduces the Act emphasizes the primacy of the family and the responsibility of the community to support the healthy functioning of families. It is a conscious effort to preserve and support the family as the best means of serving children. It contains new concepts such as "the extended family", "prevention", "cultural and linguistic considerations", "Indian agencies" and "privacy".

Within the Act, a distinction has been made between matters concerning services to families and child protection activities. However, the intent is to balance the emphasis placed throughout the statute on the rights of and services to children versus the rights of and services to families.

These most recent changes to legislation came amid three significant events: the demand by Native people for greater control over child and family services, the review conducted by

Judge Edwin Kimelman into Indian and Metis adoptions, and the break-up of the Children's Aid Society of Winnipeg into regional agencies. Whereas Winnipeg was previously served by three organizations, there are now six Child and Family Services Agencies.

2. Native Child Welfare

The longstanding inability of the Federal and Manitoba Governments and Indian bands to agree on the jurisdiction and funding of child and family services to Indian reserves meant that, for many years, such services were provided by the Province, primarily in "life and death" situations. Typically, the net result of such intervention was apprehension and placement outside the reserve environment. In the south of Manitoba, where child and family services continued to be delivered by Children's Aid Societies, service provision on reserves was regular, but tended not to include Native consultation, nor active development of on-reserve resources.

During the 1970's, the political sophistication of the Native community increased dramatically and was facilitated by the development of tribal councils uniting bands of similar cultural backgrounds and the formation of the Four Nations Confederacy. The Confederacy advocated an Indian child welfare system - a concept supported by all Manitoba bands.

In 1982, the Tripartite Master Agreement was signed and laid the foundation for the establishment of Child and Family Services

Agencies for Indian people throughout the province. Services would be federally funded, administered by tribal councils, and function under provincial legislation. Manitoba agreed to provide consultative personnel until the transfer of all mandated services.

Five mandated Indian Child and Family Services Agencies now exist in Manitoba serving status Indians. No similar agencies exist for non-status Indians. However, within Winnipeg, non-mandated family services agencies have emerged for non-status Indians, and have been supported by provincial funding (Ma Mawi Wi Chi Itata, Manitoba Metis Federation).

3. Kimelman Report

The Review of Indian and Metis Adoptions and Placements came as a result of objections from the Native community, both Indian and Metis, to the placement for adoption of Native children in non-Native homes in the United States and elsewhere in Canada. Judge Kimelman found that the Native population consumed social services to a greater extent than their numbers dictated. There was considerable significance in the observation that once Native children entered the child welfare system, they were not likely to be returned to their own families.

In addition, Judge Kimelman and other individuals and groups noted that the Children's Aid Society of Winnipeg was not responding to the needs of its community. It was too large, difficult to access, fraught with internal difficulties, neither

cost efficient nor program effective and was insensitive to Native concerns. In reviewing the agency, Judge Kimelman could not identify any positive characteristics and recommended the creation of six community-based agencies.

4. The Children's Aid Society Of Winnipeg

Beginning in 1984 and culminating on April 1, 1985, the Province undertook a reorganization of child and family services in Winnipeg. The Children's Aid Society of Winnipeg and one suburban office of Manitoba Community Services were replaced by five new community-based agencies and an expansion of the Children's Aid Society of Eastern Manitoba into St. Vital. Existing staff were redeployed into the new agencies. All six agencies are headed by a Board of Directors whose members are elected from the community being served.

5. Multiple Child Welfare Models

Since September, 1984, Ma Mawi Wi Chi Itata has been providing support services to urban Indians and Metis, and some of the tribal councils have deployed workers in Winnipeg to serve children in care from reserves.

The net result of these developments is that four types of child and family services delivery models now exist in Manitoba: provincial, tribal council, private agency, and non-mandated agencies. In Winnipeg, all four models are in contact with one

another as elements of the administration of the Child and Family Services Act.

6. Normalization

Partly in response to the Kimelman Report and partly as a consequence of comparison to other provinces, treatment philosophy is turning away from heavy reliance upon group homes to greater expansion and use of foster homes. Since the early 1980's, the Manitoba Department of Community Services has changed its approach with regard to the funding of group home and other "shift staff" beds. The net result has been a reduction in the number of beds currently available. Savings derived from closed beds have been directed, in part, to support the development and expansion of special rate foster homes. Such foster homes have been able to accommodate a number of children who would have likely been placed in shift staff facilities.

7. Multidisciplinary Approach

The child and family services system has evolved through an emerging reliance on multidisciplinary consultation in recent years. This consultation occurs in many forms and takes place at various levels. The Departments of Community Services, Health, Education and the Attorney-General have signed protocols defining their relationship to, and responsibilities concerning, the issue of abuse. The Physical and Sexual Abuse Committees developed to offer multidisciplinary expertise to social workers during the

existence of the Children's Aid Society of Winnipeg and continue to offer their knowledge to the current system. At the field level, a wide array of consultation is conducted, both informally and formally, by line workers in different programs. The child and family system is not within the purview of one discipline.

8. The Review

The Review Team is fully cognizant of the major changes which have occurred within the system concerning legislation, philosophy, sensitivity to Native issues, and service delivery models. These changes have significantly altered the character of the present system as it relates to abuse.

In May of 1986, the Minister of Community Services announced an external review of matters relating to the system of dealing with child abuse in Winnipeg. The review was in response to public concern that the current system was not responding satisfactorily to the expectations of the community concerning the protection of children.

In mid-June two consultants were contracted to co-chair the review: Professor Grant Reid and Dr. Eric Sigurdson. Three staff were seconded from Community Services to lend support to the review. They are Mr. Robert Onysko, Mr. Jay Rodgers and Mrs. Joanne Prefontaine. Although completion was initially anticipated in November, delays in commencing the review process and the large number of organizations involved in some aspect of child abuse identification, referral and treatment have

necessitated an extension of this review until January 31, 1987.

The Terms of Reference for the Review specify three objectives:

1. To determine the strengths, abilities and weaknesses of the Winnipeg Child and Family Services Agencies to deal with child abuse as it is found in their communities.
2. To review the structure of the multidisciplinary, inter-agency coordination mechanism in place to support child abuse services; and to determine significant inter-agency issues affecting the response to child abuse.
3. This Review should include analysis of the roles, procedures and protocols of the Child and Family Services Agencies, the Child Protection Centre, Children's Mental Health Services, the Child Guidance Clinic, Probation, the education system, the police and the medical care system.

The goal of the Review is to make recommendations to the Minister of Community Services respecting:

- . the means to strengthen the ability of the agencies to respond to child abuse;
- . the means to strengthen and coordinate the multi-disciplinary, inter-agency procedures for dealing with child abuse; and
- . other related matters.

Furthermore, where the safety and well-being of children may be

identified as at risk, the Review Team may make interim recommendations to the Minister to affect immediate changes.

REVIEW PROCESS

This review began in mid-June, 1986. The first part of the review is now complete and a summary of the information which was collected is presented in this Interim Report.

The Team adopted an open-ended approach for conducting the first part of the review. This was based on the premise that it is the people working in or close to the child abuse system who best know what the issues and problems are and what solutions might be most workable. This premise formed the framework within which the review strategy was designed. The Team implemented a research approach that allowed for a large amount of information to be collected while, at the same time, assuring that the objectivity of the process was not jeopardized. The Review Team set out in June to interview as many individuals or groups involved in child abuse as was possible in a four month period. (Please see Appendix for lists of interviews conducted.) These interviews were intentionally conducted as open forums for discussion with no predetermined format. This approach enhanced objectivity by allowing interviewees to raise virtually any issue related to child abuse without the mediation of fixed, prior perceptions. The Team did not want to miss critical issues or limit the scope of discussions by rigidly structuring the interview process.

There were two goals inherent to the interview process. First, the interviews were used to identify inter-subjective

agreement on the issues and problems within the child abuse system. The Team identified common themes in one of two ways: those issues common to a specific component of the child abuse system such as line service workers, senior managers, teachers and health professionals; and those concerns pervasive throughout the various system constituents including, issues common to referral sources, response systems or treatment resources. The Team also used these interviews as a mechanism for conducting a simple formative evaluation of the new regionalized Child and Family Services system. To achieve this, it was essential to develop an understanding of the goals of regionalization, the planning that preceded implementation of the system and to identify what the expected consequences of regionalization were. This understanding was obtained primarily by reviewing written background material on the regionalization process. Based on this information, the interviews were used to assess whether regionalization had been generally implemented as intended; whether plans for specific system components were not operationalized (e.g., the provision of training for generic workers); and whether there were unexpected outcomes of regionalization by its having a negative impact on the service system.

In addition to the interviews, the Team also conducted a selective review of the child abuse literature. This included material on child abuse in general and the history and current state of child abuse services in Winnipeg in particular. (See

Appendix for partial Bibliography). There has also been some preliminary review of statistical information on the incidence of child abuse in Winnipeg.

The Team also made a number of requests to the Child and Family Services Directorate, the six Child and Family Services Agencies and others to compile specific types of information.

Through these mechanisms, the review obtained a wide variety of literature on child abuse and child abuse services. This material provided vital insights into the history, development and current status of child abuse theories, services in other jurisdictions and the service system in Winnipeg.

This strategy of interviewing and reviewing literature was considered the most effective for collecting comprehensive and objective information in a short period of time. The result was the identification of high inter-subjective agreement on a number of issues related to child abuse. These issues form the basis for the remainder of this report. The Team has also been able to identify a number of unanticipated consequences of regionalization, system components planned for but not yet operational, and trends that are inappropriately attributed exclusively to regionalization. These are discussed further in later sections of the report.

S E C T I O N I I
M A P O F T H E S Y S T E M

FRAMEWORK FOR THE SYSTEM MAP

When considering the number of agencies, organizations and professionals dealing with child abuse, it is not surprising to find confusion about the nature of the system. The intricacies of system processes are not well understood by those who work in or close to the child and family services system; the public's uncertainty is very understandable.

This section of the report attempts to "map" the current system by tracing movement of a case from the point where abuse occurs and follow it through one or more of the response systems. The map shows the locations at which the abuse is reported or ignored and the various options for system response once the case has been reported.

The map consists of four flow charts. The first chart (Diagram I) shows the sequence of events that may lead to a case of suspected abuse being reported. The other three charts (Diagrams II through IV) illustrate the different stages and directions a case may move when the formal service system responds. Each map is accompanied by an explanation.

The map is not intended to identify every possible referral pattern, system response option, or mutual feedback loop. The purpose is to bring some clarity to a complex system by documenting the probable flow of cases, identifying key decision points in the system and showing which decision options are most

frequently available when these points are reached. The map uses an "if-then" approach to show the possible results of each decision option.

CHILD ABUSE REPORTING PROCESS - DIAGRAM I

Diagram I traces the sequence of events that lead to a case of suspected child abuse being reported to a Medical Child Abuse Unit, the Winnipeg City Police or a Child and Family Services Agency. It also shows the various points where a case of suspected abuse may be considered erroneous, ignored, or handled without a formal report being made.

The catalyst is the existence of some behaviour that can be interpreted as child abuse. This behaviour may be one isolated incident or a series of incidents. If the behaviour is not disclosed or observed by a third party, the problem will continue or disappear through the maturation process.

The first key decision point occurs when the abused child discloses or, when through observation, a third party suspects that child abuse has taken place. This may be an observation of the abusive incident itself or of certain unexplained aspects of the child's appearance or behaviour (e.g., bruises, acting out, absence from school). The new actor in the process is now faced with the decision to acknowledge or ignore the suspected abuse. Reasons for ignoring the disclosure or observation include a personal aversion to child abuse or a disbelief of the child's

testimony. In this case, the service system will not become involved and the problem will either continue or disappear.

The second key decision point occurs when the suspected abuse is acknowledged. At this point, the person involved will generally do one of four things.

First, he or she may abide by Section 18 (1) of the Child and Family Services Act and report the suspected abuse to a Medical Child Abuse Unit, the Winnipeg City Police or a Child and Family Services Agency.

Second, the person may ignore the abuse and it will continue or disappear.

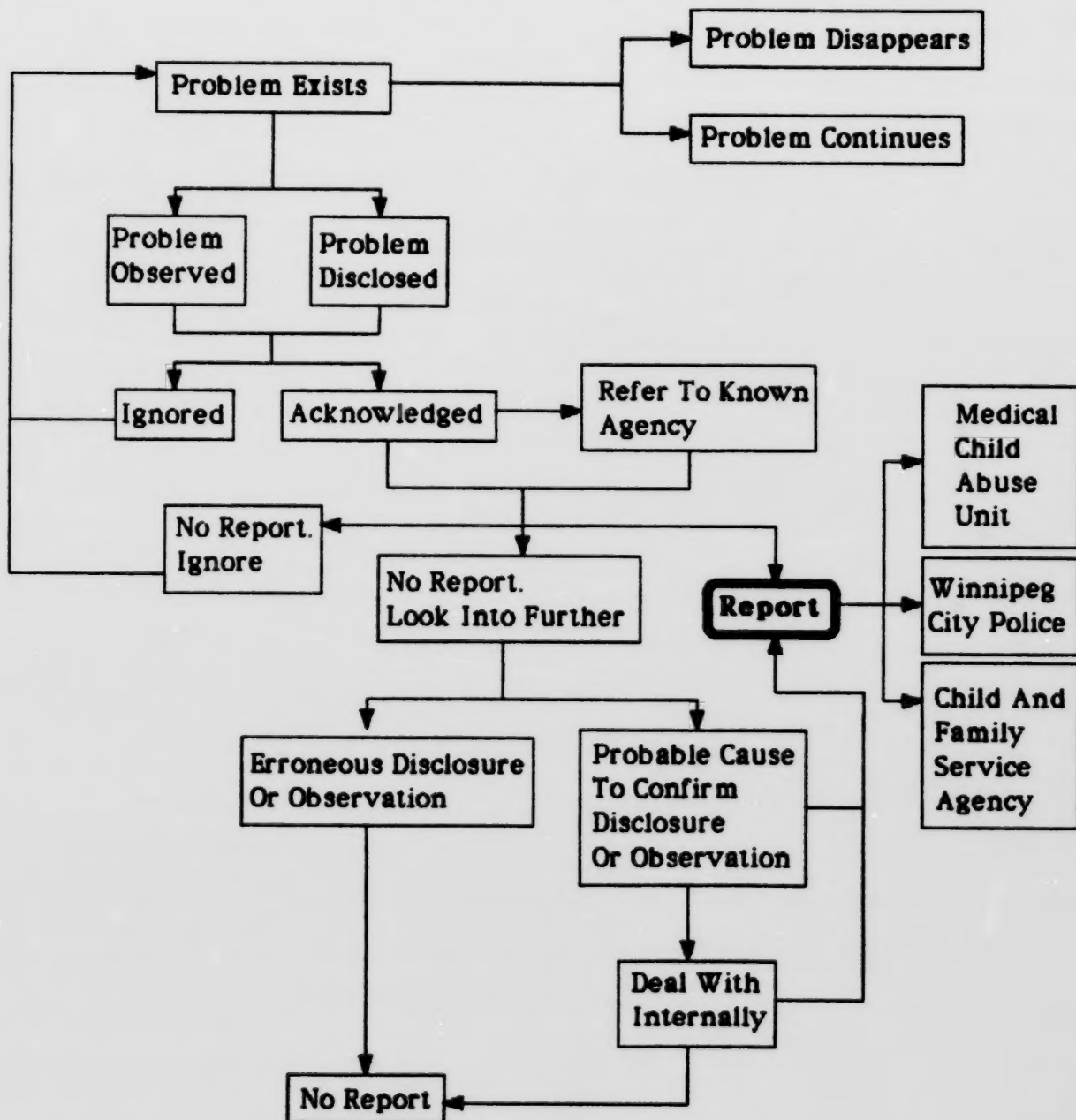
A third option is to refer the case to an agency other than a medical unit, the Police or a Child and Family Services Agency. This is done in those circumstances where a child is known to be involved with this other agency. The agency receiving the referral may or may not then make a formal report.

The fourth option is to investigate the case further in an effort to confirm whether abuse has taken place. This may involve talking with the child, seeking professional advice or monitoring the situation for additional signs that may confirm the suspicion. Further investigation may lead the person to determine that the disclosure or observation was erroneous and that the behaviour was something other than child abuse.

The third key decision point is reached when the person concludes there is probable cause to believe that abuse has occurred. At this point, the abuse may be reported, or for

reasons such as a previous negative experience with the system, the person may decide to deal with the situation without reporting. This may lead to counselling the child, referring the case to a supervisor, or as is the case in the school system, making use of internal expertise (e.g., guidance counsellor, on-site Child Guidance Clinic staff). After taking steps to deal with the case internally, there may or may not be a formal report made.

Diagram I- Child Abuse Reporting Process



SYSTEM RESPONSE: WINNIPEG CITY POLICE - DIAGRAM II

Diagram II shows the response of the Winnipeg City Police when receiving a report of suspected child abuse. A report can be received at a district station, by the Youth Division or by the Child Abuse Unit. The Child Abuse Unit has one coordinator and three teams of two investigators each. The Child Abuse Coordinator maintains overall responsibility for assigning investigating responsibility. When the Child Abuse Unit is the first contacted, the Coordinator may assign a Unit investigator to the case or, when an investigator is not available, refer the case to Youth Division or to a district office. If a report is received by a district station when the Abuse Coordinator is not immediately accessible, he will be informed as soon as possible. The Coordinator will then determine which unit will be responsible for conducting an investigation.

When the Police receive a report of suspected child abuse, the regional Child and Family Services Agency will be informed. There will then be an internal decision to determine if any police action is required. Based on this decision, and the consultation process described above, the Police may respond independently or accompanied by a Child and Family Services worker. In the lower priority instances, the report may be referred to a Child and Family Services Agency without any Police response being needed. The Child and Family Services Agency may in turn refer the report back to the Police after conducting an initial investigation on their own.

A Police investigation will determine whether the suspected abuse can be validated and whether there is sufficient evidence to proceed with criminal prosecution of the perpetrator. The Police investigation will reach one of three conclusions:

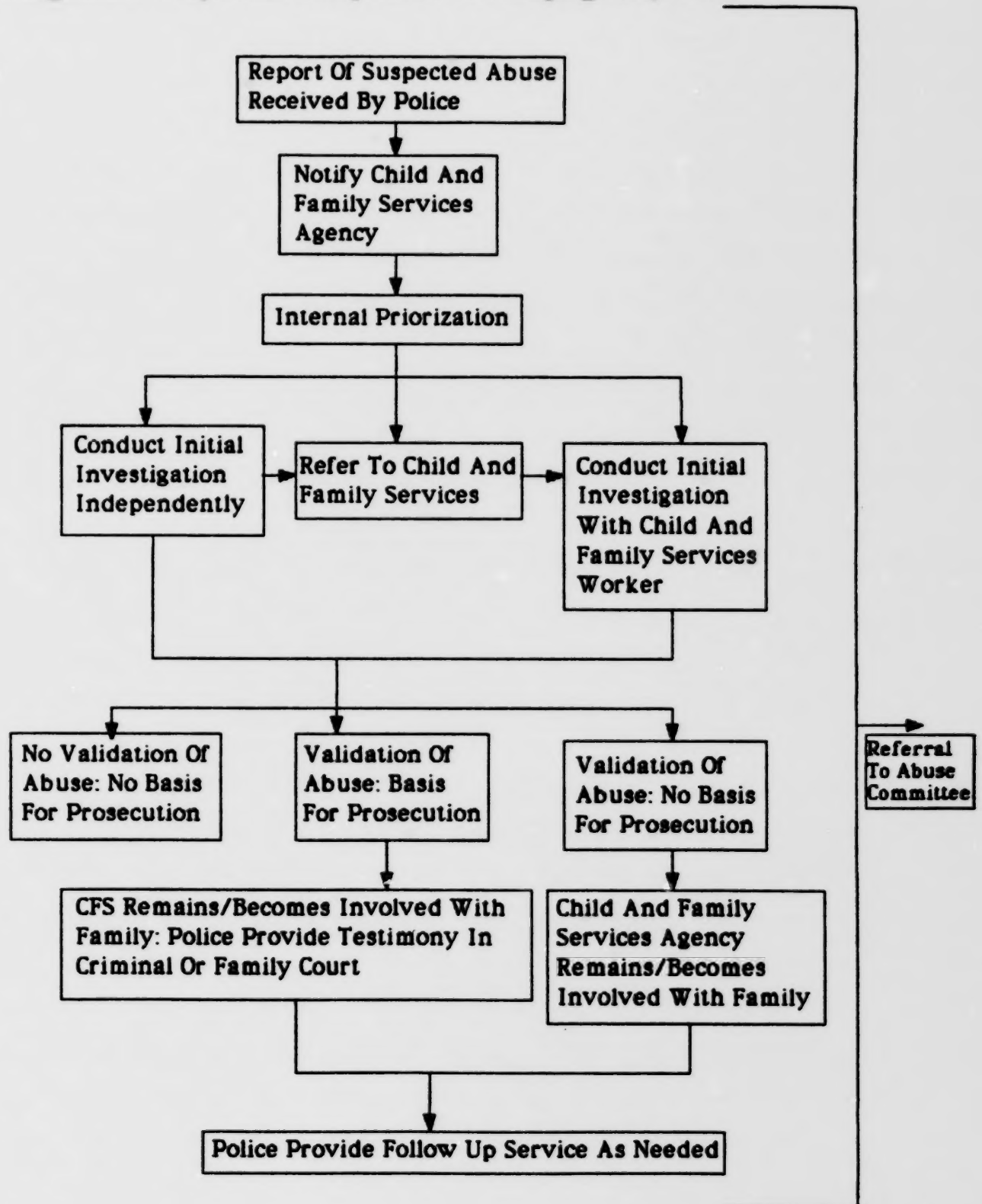
1. The abuse cannot be validated and there is no basis for criminal prosecution. The Police will no longer be involved with this particular report.
2. The abuse can be validated and there is sufficient evidence to proceed with a criminal prosecution.
In these cases, the Child and Family Services Agency will be involved in working with the victim and the family. The Police investigators will work with the legal system and the courts as the criminal charges are pursued. This will usually require some testimony in criminal and/or family court by the investigating officers.
3. There is reason to believe that abuse has occurred but there is not sufficient evidence to justify criminal prosecution.

When conducting an investigation, the Police will frequently refer the victim to a medical abuse unit for a physical examination. This is often necessary to determine if abuse has occurred.

When the abuse can be validated, regardless of whether criminal charges are laid, the Police will provide follow-up services as required by the Child and Family Services Agency or

the Medical Abuse Unit. This may involve some consultation or a referral to the Police Department's Victim Assistance Program.

It should be noted that, at any point in the process, the Child Abuse Unit Coordinator may refer the case to the Physical or Sexual Abuse Committees for consultation.

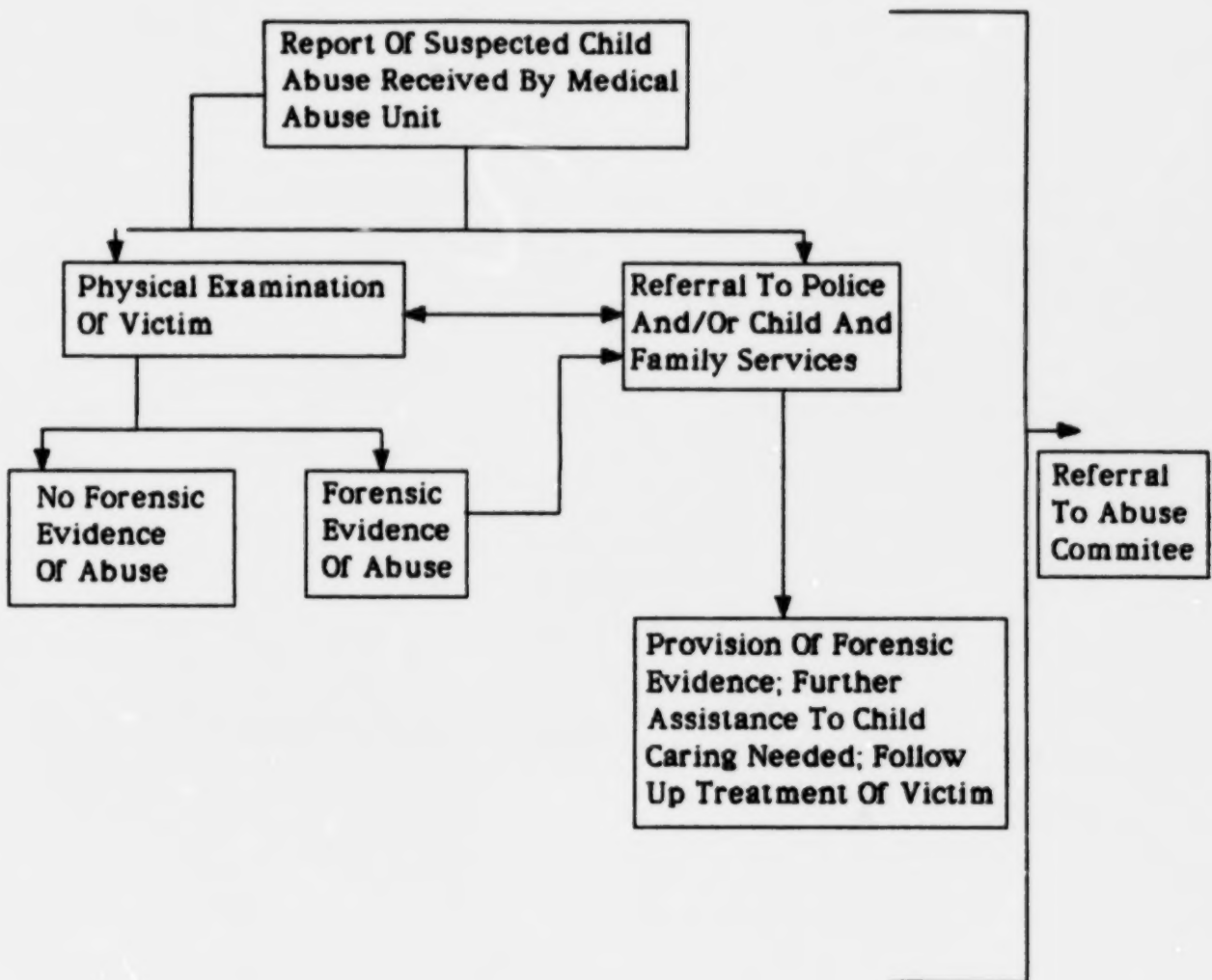
Diagram II: System Response: Winnipeg City Police

SYSTEM RESPONSE: MEDICAL CHILD ABUSE UNIT - DIAGRAM III

Diagram III shows the response of a Medical Child Abuse Unit when receiving a report of suspected child abuse. In most cases, this is an on-site report (bringing a suspected victim to the hospital) that may or may not have been preceded by a telephone contact from the referral source. In some circumstances a telephone contact is referred by the Medical Child Abuse Unit to the Winnipeg City Police or a Child and Family Services Agency. This may also result in an on-site referral. On-site referrals are given a physical examination to medically treat injuries and to determine if forensic evidence confirms that the child has been abused. If there is no medical evidence of abuse, there is generally no involvement of the system other than what is required to treat the child's injuries.

If the physical examination indicates probable cause to confirm the abuse, the Medical Child Abuse Unit will refer the case to the Police and/or a Child and Family Services Agency if this was not done at point of contact. After the referral has been made, staff from the Medical Child Abuse Unit will remain involved to: assist any legal proceedings by providing forensic evidence; assist the Child and Family Services Agency as needed; and provide any follow-up treatment of the child's injuries.

At any point the Medical Child Abuse Unit may refer the case to the Abuse Committee for consultation. This may take place even before a physical examination can be done or before the case is known to the Police or Child and Family Services Agency.

Diagram III: System Response: Medical Child Abuse Unit

SYSTEM RESPONSE: CHILD AND FAMILY SERVICES AGENCY - DIAGRAM IV

Diagram IV shows the various sequences a case may pass through when a report of suspected child abuse is received by one of the six Child and Family Services Agencies. Intake and internal prioritization are the first two activities. Intake is done by different personnel throughout the system. An Agency may: have full time workers whose only responsibility is to do intake; rotate intake responsibilities among workers who also carry other responsibilities; or have a clerical person doing intake. Priorizing cases may be done by the intake worker or by the line worker to whom the case is passed. This depends on who is responsible for intake at the Agency.

After a report has been prioritized, one of two actions may be taken. First, the potential case can be referred to another agency. This may be done when the report is considered inappropriate or when the family or child are known to be currently involved with another agency or professional. This will be done only for lower priority reports.

The second option is to investigate the report either independently or accompanied by a police officer. In some instances a worker may wish to be accompanied by a police officer but none are available. As part of the initial investigation, the worker will determine if there is probable cause to believe the child has been abused (shown as abuse validated in the diagram) or whether there is no cause to believe that abuse has occurred (shown as abuse not validated in the diagram). In the

latter situation, the agency may no longer be involved after the initial investigation or the worker may decide that the family would benefit from agency services not related to abuse.

If the abuse is validated, the worker will then do an assessment of risk to determine what services, if any, the Agency should provide. In those cases judged to be of least risk, or in those circumstances where apprehension is not required but the family refuses other services, the Agency will merely provide a monitoring function. Monitoring may be done directly by the worker or coordinated by the worker with the other key actors involved such as teachers or doctors. Some Agency services may be provided with the child remaining in the family unit. These can include providing in-residence supports (e.g., homemaker, family counselling, respite, parent aide) or by referring the family to a collateral treatment agency (e.g., abuser's groups, family therapists, mental health system).

In the higher risk cases, the child may need to be removed from the family unit for his or her own protection. In extreme situations, the child will be apprehended immediately and taken to an emergency placement facility (e.g., receiving home, institution). In cases where the risk is not so extreme, the child may be left in the family while the worker arranges for a placement. In either situation, placement can be pursued in one of several ways.

The legal guardians may agree to a placement for the child. This can be done through a voluntary placement agreement which is

approved by the Director of Child and Family Services without court proceedings.

When a voluntary placement agreement is signed the child will be placed in substitute residential care. These agreements cannot exceed a total of 18 months and may be terminated by the Province or the guardian at any time. When the agreement has lapsed or has been terminated, the child may be returned home or the Agency will pursue another voluntary placement agreement, a voluntary surrender of guardianship or take the case to Family Court.

When a voluntary surrender of guardianship is signed, the legal guardian has seven days to terminate the agreement. After seven days the child will be a permanent ward of the Province and placed into substitute residential care.

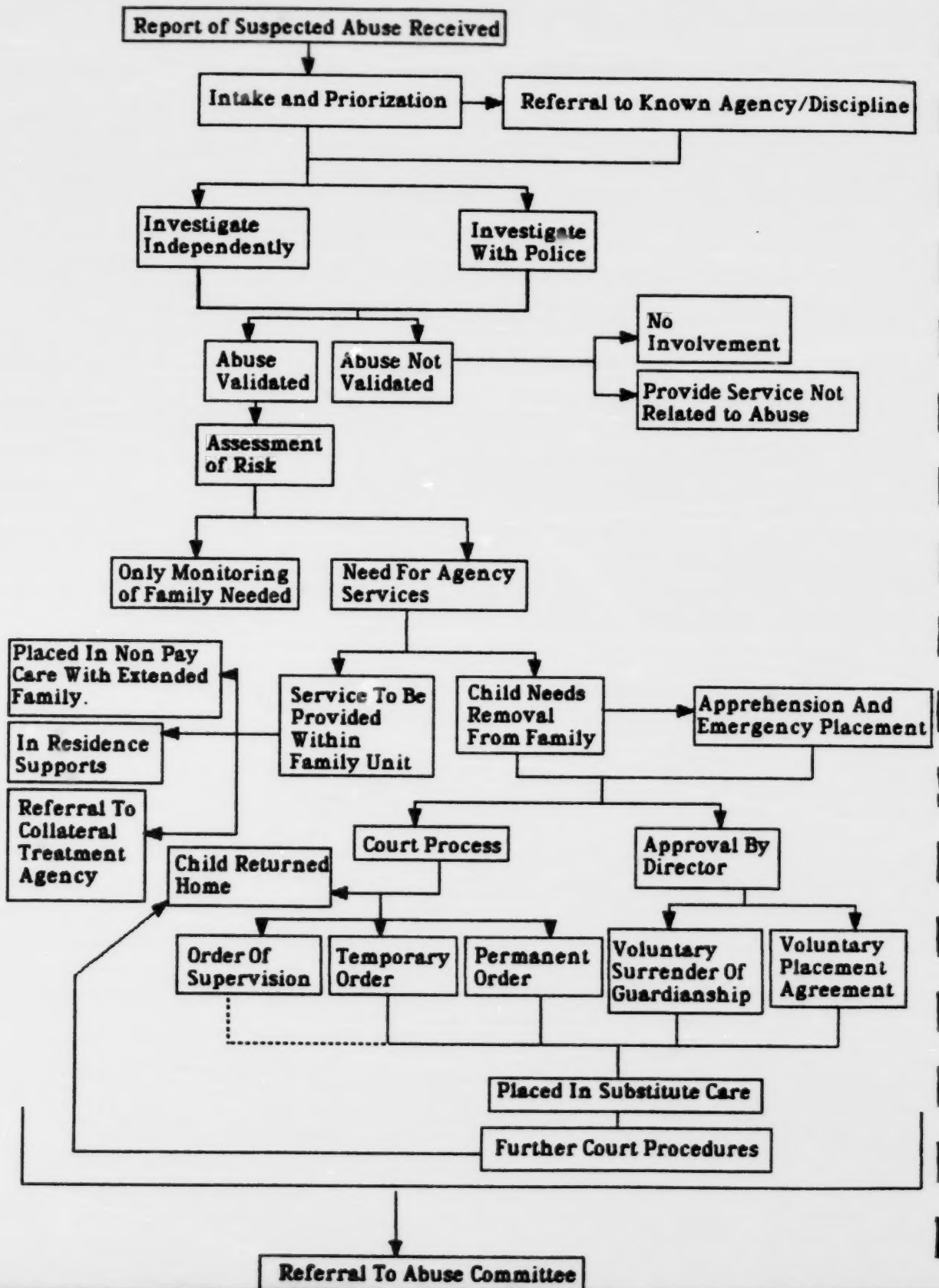
A court process may be required to obtain a permanent order of guardianship, an order of supervision or a temporary order of guardianship. Under a temporary order, the length of the guardianship is specific in the Child and Family Services Act. For a child under five years of age, guardianship cannot exceed 15 months; for a child between 5 and 12 years, it cannot exceed 24 months, and for a child over 12 years, guardianship cannot be extended beyond 24 months. If the court process is successful and a permanent or temporary order is received, the child will be placed into substitute residential care. Under the third option, order of supervision, the child may or may not require a placement away from the family unit. If the court process is not

successful, the child may be returned home. In either case, there may be appeals and further court proceedings.

When a child is in substitute residential care, an Agency worker may also arrange for in-residence supports to be provided or for a referral to a collateral treatment agency.

At any point in this process, as with the Police and Medical Child Abuse Unit, the case may be referred to the Physical or Sexual Abuse Committee for consultation.

The complexity of the system is noteworthy. The number of individuals, groups and organizations, departments of government, and institutions participating in the system is remarkable. The foregoing maps offer an understanding of how the participants may move through various channels and loops in their work. Other maps that help to understand the process will be considered in the final report.

Diagram IV: System Response: CFS Agency

SECTION III
ABUSE SERVICE ISSUES

ABUSE AND ORGANIZATION RESPONSE

The following is a partial list of groups and organizations which are involved in some aspect of child abuse in Winnipeg:

Directorate of Child and Family Services

Child and Family Services Agencies

Community Mental Health

Teachers

Child Guidance Clinic

Native Agencies

Police

Medical Units (Hospitals)

Child Protection Centre

Physicians

Nurses

Public Health Nurses

Day Care

Clergy

Homemakers

Citizens

Crown Attorneys

Judiciary

Corrections

Foster Parents

Therapists

Ombudsman

The requirement of each of these groups to participate in the total care of a child who has been abused varies considerably. (See Appendix for lists of individuals and organizations interviewed.) When considering the above by category of statutory reporting, provision of service, or treatment, the following overview can be obtained:

A.	<u>ABUSE</u>		
	<u>Statutory</u>	<u>Non-Statutory</u>	<u>Desirable</u>
Directorate	X - C & FS Services Act		
C & F Agencies	X - C & FS Services Act		
Committees		X	X
Native Agencies	X - Tripartite Agreement	X	
Police	X - C.C.C., Y.O.A.		
Medical Units	X - reporting only		
Physicians	X - reporting only	X - some treatment	
Nurses	X - reporting only		
Mental Health	X - reporting only	X - some treatment	X - treatment
Teachers	X - reporting only	X - some treatment	
Day Care	X - reporting only/ provision of service		
Clergy	X - reporting only	X - some treatment	
Ministers	X - reporting only/ provision of service		
Citizens	X - reporting only		
Crown	X - C.C.C., Y.O.A.		
Judiciary	X - C.C.C., C & FS Act		
Corrections	X - C.C.C., Y.O.A.		X - treatment
Protocols		X	X
Registry	X		
Prevention	X		
Consultation		X	X
Advocacy		X	X
Follow-up	X - at C&F agency's discretion		X
Children's Rights	X - best interests of child		

From this overview and the interviews conducted, several general observations can be made:

- 1) Child and Family Services Agencies are expected, and required by law, to take the major responsibility for a problem

that involves four Departments of the Provincial Government and a multitude of other groups and agencies.

2) The incidence of child abuse has risen in such overwhelming numbers that there has been little opportunity for Government to specify what services should be offered; this is particularly notable in the area of treatment.

3) Child and Family Services workers are caught in a double bind situation: on one hand, the provincial guidelines urge social workers to share information, work cooperatively and make a team or shared decision; on the other hand, the same worker is compelled to "be in charge" of each and every case.

4) The extension of children's rights underlies the phenomenon of increasing numbers of cases. There are clear cost implications to this. Debates about this issue at the community level within Winnipeg are beginning to emerge. The community must decide whether it is prepared to commit money to this work.

5) Increased visibility of regional Child and Family Services is associated with considerable increases in the number of people who seek help.

The following is an overview of the system's components considered by the topics of current status, issues, and, where applicable, immediate recommendations.

CHILD AND FAMILY SUPPORT BRANCH (THE DIRECTORATE)

Currently there are 46 equivalent full-time positions (EFT's) within this Branch. In addition, the Director of Child

and Family Services is responsible for 14 EFT's which are allocated to the Winnipeg West Child and Family Services Agency. The total EFT complement is therefore 60, with 6 staff seconded to the new Winnipeg West regional agency. Vacancies exist in some positions.

The following issues pertain to the Directorate:

1. There is, at present, a lack of clarity over staff responsibility and support to regional agencies. This could be remedied by a clear statement about who is available to help with specific regional problems.
2. There is a lack of clarity over who is, or should be, responsible for setting standards - Agency Boards or the Directorate.
3. The Directorate is often asked to review a region's handling of a case rather than that Agency's Board.
4. There is either insufficient data or it is difficult to obtain thus preventing the Directorate from fully being able to describe the child and family services system in Winnipeg as it relates to child abuse.
5. The development of service standards is now being discussed; however, it is not clear how standards will be linked to Agency audits and reviews, nor how they will affect Agency budgets.
6. There continues to be confusion at the Agency level over the weight and relative merits of regulations, directives and guidelines issued by the Directorate.

CHILD AND FAMILY SERVICES AGENCIES

Winnipeg is divided into six catchment areas served by six community-based, regional Child and Family Services Agencies. Four of these Agencies are new and have been in operation in their region since April 1, 1985. Child and Family Services of Eastern Manitoba (formerly Children's Aid Society of Eastern Manitoba) has expanded its urban boundaries into St. Vital; while Child and Family Services of Winnipeg West has been developed from the former Community Services office located there.

At the implementation of regionalization, Agencies were funded for EFT's primarily on the basis of cases distributed geographically from the old Children's Aid Society of Winnipeg. Staffing ratios were assigned and funded at the provincial scale. Increased workloads and subsequent workload reviews resulted in additional EFT's being funded by the Province in 1986.

Community Services funds the following number of EFT's:

South	31.75
Eastern	57.78
Northeast	34.25
Central	67.13
Northwest	66.88
West	<u>38.25</u>
TOTAL:	296.04

At present each EFT has an estimated cost of \$48,000 including salary, benefits and operating expenses. The following

Provincial salary scale is used by Community Services to fund EFT's:

Supervisor	\$38,000
Social Worker	\$35,000
Administrative Officer	\$30,000
Accounting Clerk	\$22,000
Secretary	\$18,000

Issues relating to these Agencies include:

1. There is no clearly defined role division between Agency Boards and the Directorate over the development of, and adherence to, service standards.
2. While Boards are responsible for the overall conduct of Agencies, they have limited involvement in budget matters and standards issues.
3. Staff are overwhelmed by the number and complexity of child abuse cases.

Immediate attention must be directed to the following areas:

1. The Boards need to gain consensus over their role in setting and auditing standards.
2. There are training needs for both staff and boards.
3. Staff have a genuine need for support from supervisors, managers and Boards as the risk of burnout is high.
4. There is a lack of adequate short and long term treatment alternatives for children.
5. There are questions over the coordination of Agency funding with program and statutory requirements.

COMMUNITY MENTAL HEALTH SERVICES

There have been rapid increases in the number of sexual abuse victims of all ages and these children and adults are at times acutely disturbed and may seek the resources of those working in the area of mental health. Typical presentations of the effects of abuse may range from the young primary school child with nightmares, bedwetting, and acting out behaviour; to the seriously disturbed teenager who discloses a history of sexual abuse during investigation of behaviour problems; to the young adult who gains confidence to speak of previous abuse once away from the home where it occurred. These are some typifications of problems for which Community Mental Health Services may be asked to provide assessment and opinion regarding supportive care and treatment.

In Winnipeg, Government supported mental health services are administered through three regions. There are 24 equivalent full-time positions in Community Mental Health Services. Services are directed to adults; no Community Mental Health workers for children exist in Winnipeg. These services exist in rural Manitoba where workers are actively involved in case planning and treatment of sexually abused children. There is a perception that the mental health services for children in Winnipeg are more fragmented. This issue has been considered, in part, by a review chaired by Dr. Brian Postl entitled Report of the Child Psychiatry and Developmental Pediatrics Review Committee.

A need exists to establish community-based treatment goals

and resources for abused children. Mental health services could take the lead in this vital area. Sufficient resources for the seriously disturbed who may require hospitalization are essential. There is a great need to provide effective links or bridges between community and institutional resources as the victims may use both of these systems.

TEACHERS

Ten school divisions, with 10 School Boards, plus private schools and their Boards are the administration system for primary and secondary education in Winnipeg. These Boards vary considerably in the importance that they attach to child abuse. The divisions that have supported school-based prevention programs, such as "Feeling Yes, Feeling No", have observed considerable increases in the reporting of sexual abuse. A common issue for all school divisions is the extent to which they should be responsible for primary prevention and counselling.

In light of recent instances whereby a few teachers in different communities across Canada have been found to have a prior record of child abuse, questions are being raised about the use of police record checks and child abuse offender registry checks before a teacher is hired by a school division. A consensus on the use of these records has not been reached.

Of note is the concern of some teachers who are afraid to touch students in any fashion for fear of being charged with abuse by a student who seeks to obtain retribution for perceived

mistreatment by that teacher.

CHILD GUIDANCE CLINIC

The Child Guidance Clinic (CGC) operates as a support agency to nine school divisions in Winnipeg. It is staffed with 148.9 EFT's, one-half of which are designated for reading, speech and hearing clinicians. The St. James-Assiniboia School Division operates its own clinic, Educational Support Services (ESS). Both CGC and ESS offer additional resources including social workers, psychologists, and psychiatrists. This is a considerable resource that has sometimes been referred to as Winnipeg's children's mental health program.

The focus of the remainder of this study in the area of CGC and ESS will be on coordination of resources and resource sharing. Regarding the former, the coordination of the CGC and ESS with Child and Family Services in the areas of assessment and treatment is critical. The latter, resource sharing between the clinics and the agencies, is vital at a time of limited treatment resources.

NATIVE AGENCIES

Of the five mandated Tribal Council child welfare agencies, four have a worker or workers deployed in Winnipeg - Awasis Child and Family Services, Southeast Child and Family Services, Dakota Ojibway Child and Family Services and Anishinaabe Child and Family Services. The Province of Manitoba funds three non-

mandated agencies - Ma Mawi Wi Chi Itata, Manitoba Metis Federation and the Native Women's Transition Centre. The mandated Agencies and the non-mandated Agencies are provincial in their scope; their activities are not confined to Winnipeg, with the qualification that Ma Mawi Wi Chi Itata is focussed primarily in Winnipeg. The review will not describe in detail those province-wide Native Agencies as those considerations are beyond the terms of reference of this study.

Coordination between Ma Mawi Wi Chi Itata and statutory Child and Family Services Agencies is vital and will be addressed further in the final report.

POLICE

The City of Winnipeg Police Department is involved with most cases of abuse that require police investigation. For the purposes of this review, the RCMP have a lesser involvement as their work in this area is confined to those cases of abuse that originate in a home outside the boundaries of the City of Winnipeg.

The Winnipeg City Police Child Abuse Unit responds as needed to any community in Winnipeg. It is a generally held opinion that this specialist unit is doing an outstanding job of thoroughly collecting evidence in a humane and professional manner. The steady increase in the number of cases has overburdened the investigators. Delays in beginning the investigation of alleged abuse have been attributed to this

increase. There is a consensus that hiring more investigators would be helpful in supporting the work of child protection workers as well as allowing for a more prompt response time in some instances of abuse.

The skills of the Police Child Abuse Unit in doing its work speaks well of a sound training program that is sensitive to children's and parents' needs in a time of family crisis.

MEDICAL UNITS (HOSPITALS)

The term medical unit refers to hospital-based clinics that provide a range of services to abused children. These services pertain to medical aspects of abuse such as fractures, burns, lacerations and sexually transmitted diseases. Children's Hospital is the resource for most cases of child abuse in Winnipeg. Some physicians in other hospitals would like to become more involved in this kind of work but there is no clear mechanism that would enable this to happen. As other hospitals indicate an interest in providing services in the detection and treatment of abuse, issues of mandate, staffing, training, and funding will need to be addressed.

CHILD PROTECTION CENTRE (CPC)

This important resource, affiliated with the Children's Hospital, is an expression of the dedication and long term commitment that this hospital has made to caring for children who have been abused. CPC is funded by the Department of Community

Services for 11.1 EFT's. The Centre has been a strong advocate for issues pertaining to the care and safety of children. There is a consensus that the skills, knowledge, and expertise of CPC are highly valued throughout the system. Examples of the CPC's role include the management of acute problems of a medical nature and providing information in court on a child's behalf. The CPC is a referral centre for most of the province outside Winnipeg and it has encouraged physicians to upgrade their skills in this area and share in some of the abuse work.

Issues that pertain to CPC include the following:

- * How can it most effectively advocate for children who have been abused?
- * How can it be best utilized as a resource to the Child and Family Services Agencies in Winnipeg?

These will be reviewed further and discussed in the final report.

PHYSICIANS

Few physicians are available to help with investigation and treatment of child abuse in Winnipeg beyond those working at Children's Hospital and St. Boniface General Hospital. The work of a physician in the area of child abuse is very stressful, time-consuming, and can lead to court involvement for the presentation of evidence. It is noteworthy that many physicians have had limited training in child abuse issues and most would be prepared to refer suspected cases to those few who have specialized in this work. In addition, there are limited

training opportunities for physicians who wish to upgrade their skills. A guideline or protocol for physicians dealing with suspected or actual abuse has been available for about 10 years. It is now being revised.

Two issues pertaining to physicians in the context of abuse in Winnipeg are:

1. The need for the development of a larger group of physician resources.
2. The need for an integrated training program for physicians with teachers, nurses, social workers, police, and day care workers.

NURSES

Nurses working in emergency departments and hospital wards have a close and ongoing contact with acute cases. This important relationship with abused and injured children or suspected cases is the basis of the efforts to complete a protocol for nurses. As well, there are limited training opportunities for nurses in undergraduate or post-graduate settings. A training program with other first responders to abuse would be very helpful for nurses.

PUBLIC HEALTH NURSES

The City of Winnipeg and the Province of Manitoba both are responsible for providing public health services in Winnipeg. The City's Health Department operates within the core area, while

the Province operates in the suburbs. The administrative structure is the same as for mental health services. Each of the three health regions in Winnipeg are managed by a regional director.

The public health nurse typically has an early and non-threatening entry into a young family and can monitor a child's development from infancy into adolescence. These home visits or contacts during school hours are unique relationships. Public Health Nurses are almost always viewed in a friendly and positive light.

Public health nursing offers a great potential resource for primary prevention. The Department of Health is considering its role and plans in this area. In addition, an integrated training program with other first responders to abuse is a particular need.

DAY CARE

There is an increasing awareness of the role of day care as a participant in primary and secondary prevention of child abuse. Day care workers have specific duties described in the Child and Family Services Act that complement the work of child protection workers; however, the role of day care as a referral source and potential member of a multidisciplinary team is not well recognized.

In this area as well there is a need for an integrated training program with other first responders to abuse.

CLERGY

The clergy is a potential source of referrals and counselling. There is a growing acceptance of the clergy's role in family support and, in particular, the work of the Interfaith Pastoral Institute. Aside from this resource, the individual counselling services of the clergy are not well known and tend to be parish or congregation specific.

HOMEMAKERS

Child and Family Services Agencies rely extensively on the use of homemakers to act as family supports. Frequently, they are placed within a family to help stabilize a crisis situation and prevent the possible apprehension of children. There is a growing expectation that homemakers can help keep families together. Several issues pertain to this group including the quality of homemakers in the system, training available to them and funding of this aspect of an Agency's service delivery.

CITIZENS

There is a growing awareness of the importance of child abuse as an issue. Through regionalization the public has gained increased accessibility to, and involvement with, local Child and Family Services Agencies. It is a widely held belief that more public education around child abuse is required. This would allow individuals to take a more active role in recognizing and referring potential abuse cases. The extent to which citizens

are willing to support expanded services in regard to child abuse and, as a consequence, increased taxation, is unknown.

CROWN ATTORNEYS

The Crown is an active participant in many abuse cases and is generally highly regarded. The Attorney-General's Department has a growing interest in research, and two Crown Attorneys have specialized in abuse cases.

Issues include recognizing and dealing with an important social issue: the laying of charges satisfies one set of public concerns but there may be insufficient resources to help families and children who are split up by the court process. Another issue is the slowness with which cases are prosecuted through the courts once charges have been laid.

JUDICIARY

Child abuse cases may be conducted in either the criminal courts or in the Unified Family Court, depending upon the kind and quality of evidence. The former focuses on the offender, while the latter is concerned with the best interests of the child. Criminal courts are cognizant of the lack of treatment resources for offenders beyond incarceration and there is considerable doubt concerning the effectiveness of treatment modalities. The slowness of both court systems is also an ongoing issue.

The role of the court system will be examined in more detail

during the remainder of the review.

CORRECTIONS

Many offenders who are now in prison were victims of child abuse as children. The extent to which Correctional resources can be used to form part of a coordinated approach to treatment is not known. In general, Corrections officials have few resources available for incarcerated sexual offenders, both adult and youth. There may be considerable opportunities for expanded treatment programs via Probation Orders, as there are some probation officers who have a keen interest in this area of treatment.

FOSTER PARENTS

Foster parents offer children in care the opportunity of living in a near normal family environment. Both the Child and Family Services Agencies and the Directorate recognize the importance of foster homes. However, there are several important issues regarding foster homes which must be addressed: the lack of homes for adolescents, training for foster parents, Agency support of foster homes and the adequacy of foster home rates.

THERAPISTS

Considerable success in identifying child abuse cases has occurred during the last five years in Winnipeg, but there is an uncertainty as to what therapy is available for these cases and

even less clarity as to what therapeutic modalities might be effective. As an example, there is no validated resource list of what types of therapy are available and who provides it. This is particularly noteworthy as there is a range of personnel and settings offering therapy and there are many requests for government support of different programs. It would be helpful to clarify what therapeutic services should be provided by Child and Family Services and what should be delegated to other groups. This is particularly important as most child and family services workers are not able to find time to provide therapy due to the crisis-orientation of their work. The role of the Department of Health in therapy needs to be carefully examined.

OMBUDSMAN

The office of the Ombudsman has a Director and six staff, one of whom specializes in children's issues. This "children's desk", as it is sometimes referred to, has received an increased number of complaints. A certain amount of this is expected as a natural consequence of the significant increases in the number of cases or clients. Another source of the increase is related to the number of cases directed to the Ombudsman that have not been reviewed by the Boards of the six Agencies.

To this point, the Boards of the Child and Family Services Agencies have played a limited role in reviewing service complaints. This task generally falls to the Executive Director. Of concern is the issue of just what kinds of cases should be reviewed by the Agencies and which should be the purview of the Ombudsman.

FOLLOW-UP SERVICES

The lack of follow-up by Child and Family Services staff is a complaint tendered by teachers and day care staff across the city. Once a child has been apprehended from their care because of an abuse disclosure, information sharing with schools and day care centres rarely occurs.

A typical scenario goes as follows:

A child discloses abuse (usually sexual) to a teacher or day care worker. That individual or their administrator contacts Child and Family Services as is required under the Act. If the abuse is recent or ongoing, the child will likely be apprehended by a social worker and taken from the school or day care to the Child Protection Centre for examination. The social worker may also tell the teacher or day care worker not to tell the parents anything other than that the child is at the hospital, as further information may jeopardize the investigation.

The school day ends with no contact from the social worker regarding the child's status. The parents arrive at the school or day care demanding to know their child's whereabouts. The school or day care are only able to tell the parents that their child is safe and at the hospital.

The next day, the child may be back at school or day care with, as yet, no word from Child and Family Services' social worker or, the child may be absent and neither the school nor day care is certain whether the child is now in care. By this point, the teacher or day care worker may have left several messages for

the social worker at the Child and Family Services Agency.

Schools and day care centres see the child on a daily basis. Staff come to know the child well, particularly with reference to personality and developmental characteristics. This information, invaluable for case planning or court purposes should the child come into care, tends not to be solicited by the social worker. Schools and day care centres are left to the periphery of the team process although they account for most of the referrals into the system.

Section 19 (3) of the Act leaves consultation with the referral source to the Agency's discretion. The current practice of not contacting the referral source within "reasonable time" results in frustration and anger on the part of teachers and day care workers. It has the potential of impairing the relationship between Child and Family Services and the day care and education systems. While some instances of poor communication may be a consequence of individuals within schools failing to talk to each other, the initiative rests with the Agency.

PREVENTION

The need for more "prevention" or "preventive" programming is a common theme articulated across Child and Family Services Agencies, with some Agencies stressing prevention more than others. Currently, "prevention" is a problem within the system, for there is no agreement about its definition. Furthermore, there is no stated plan within Agencies as to how preventive

services will be delivered, nor how such efforts might be coordinated with the prevention activities of other Agencies or organizations.

"Preventive services" appear to be derived from the assumption that prevention programming prevents child abuse. In reality, there is confusion between prevention and early intervention, two very different concepts. Many activities which Agencies characterize as prevention are actually early identification and case finding procedures. They increase the number of abuse reports and are a factor in the overload of abuse cases within some agencies.

The Act identifies prevention in The Declaration of Principles and in The Duties of Agencies, section 7 (1). In neither case is the concept defined. Definition is left to the individual designing and implementing the preventive program or service.

The following are definitions and examples of the kinds of prevention:

Primary prevention discourages disease from developing or an injury from occurring. Educating adults and children about normal and abnormal sexual behaviour is an option available in a program to prevent sexual abuse of children.

Secondary prevention means early detection and intervention, preferably before the condition is clinically apparent, and aims to reverse, halt, or at least slow a condition's progress. Children who have been abused are more likely to repeat that

pattern of behaviour when they are parents. Recognizing this, establishing a high risk registry, and offering an active treatment program are important steps to secondary prevention.

Tertiary prevention means minimizing the effects of disease and disability by surveillance and maintenance aimed at preventing complications and premature deterioration. Family therapy sessions with the victim and offender help to prevent and ameliorate further psychological damage from sexual abuse.

CONSULTATION - PHYSICAL AND SEXUAL ABUSE COMMITTEES

The Winnipeg Child Abuse Committee was established in 1972. In 1980, the larger Abuse Committee was split into a physical abuse subcommittee and a sexual abuse subcommittee. These two committees now function as separate entities in the child abuse system.

The Physical and Sexual Abuse Committees meet on a weekly basis. Meetings alternate each week between a discussion of cases new to the system and a review of cases identified at a previous meeting. The "new case" meetings are held at 114 Garry Street while the "review" meetings are held on a rotational basis at one of the six Child and Family Services Agencies.

There is no prescribed formula for composition of the committees. Composition differs between the two committees as some organizations are represented on one but not the other, and while certain agencies have representation on both, they may be represented by different individuals. Members are recruited on

the basis of expertise they can contribute to the multi-disciplinary team. Agencies or organizations represented on each committee are as follows:

Physical Abuse Committee

- * Children's Hospital (Chairperson)
- * Child Guidance Clinic
- * Child Protection Centre
- * Winnipeg City Police Child Abuse Unit
- * Parent Aide Program
- * Winnipeg Coordinator of Child Abuse
- * One person from each of the six
Child and Family Services Agencies

Sexual Abuse Committee

- * Child Guidance Clinic (Chairperson)
- * Children's Hospital
- * Child Protection Centre
- * Children's Home
- * Winnipeg City Police Child Abuse Unit
- * Winnipeg City Police Child Witness Program
- * One person from each of the six
Child and Family Services Agencies

In addition to the above, other individuals involved with specific cases may attend the meeting where that particular case is dealt with by one of the two committees. Child and Family Services workers other than the official Agency representative

frequently attend committee meetings to present cases.

It is universally agreed throughout the system that it is both desirable and necessary for multidisciplinary teams to deal with child abuse cases. It is also the majority opinion that the two abuse committees are not functioning as well as they should be. Many of the issues cited relate directly to a lack of coordination among the various constituents who sit on the committees.

Major issues are discussed below:

(1) Unclear Purpose

The two committees operate without terms of reference. It is apparent that the committees frequently perform three separate functions: they function as a forum for exchanging basic information about cases; they function as multidisciplinary teams providing consultation on the most difficult cases; and, they function as advocates on behalf of individual cases.

There is a general lack of understanding in the system concerning the roles and functions of the committees. The fact that the committees perform a variety of functions without terms of reference produces unnecessary confusion in the system and results in different expectations being placed on the committees from different constituents.

(2) Lack of Resources

The committees have no staff. Without staff to provide a support function, it is difficult for the committee

chairpersons to prepare and circulate important information before and after each meeting. There are no information before and after each meeting. There are no agendas for the meetings and although notes are taken, these are not circulated to committee members. This reduces accountability and it becomes exceedingly difficult to monitor cases in relation to the discussion that takes place at the meetings. This also hinders the intent of the multidisciplinary approach as representatives frequently are not able to provide meaningful input because they are not aware of which cases are to be discussed at the meeting or lack vital information about the cases. This results in inefficient operation as time is needlessly spent on obtaining basic information that could easily be circulated beforehand, if staff resources were available.

(3) Lack of Comprehensive Information

The level of information presented at committee meetings is often not specific or detailed enough to allow for case specific decisions to be made. This forces the committees to either accept the presentation for information purposes only or make a decision based on insufficient data. Although this is related to the resource issue, another contributing factor is that the representatives from the Child and Family Services Agencies are usually expected to present a number of cases in a short period of time. These workers may or may not be directly involved with the cases they are presenting. Under these

circumstances, the committees hear general information about a large number of cases instead of specific and detailed information about a few cases. This seriously reduces the decision-making process of the committees.

(4) Process

There is no standard procedure for deciding which cases should be brought to the committees for review. Some agencies bring all abuse cases to the committees while other agencies bring forward only the most difficult cases.

(5) Perceptions of the Service System

This is an issue raised frequently by Child and Family Services workers. Conflict among committee members is not uncommon. A primary source of this conflict involves protection of the child or, more specifically, whether or not to remove the child from the family. Child and Family Services workers are concerned that some committee members quickly advocate for apprehension of the child without fully understanding the dynamics of the family situation or fully realizing the limited availability of resources for a child once apprehension has taken place.

When the committees cease their consultative function and become child advocates, they place pressure on the Agency or individual social workers to act in a particular direction. While this is a valid role, in itself, it is incompatible with

consultation. If consultation is functioning properly, one would expect that there would normally be a consensus and that this consensus would normally be put into practice.

The powers of the committees are ascribed and not prescribed. The Act is silent of the role of the committees.

As a consequence of the material which is outlined above, it is recommended that six committees be created to replace the existing Physical and Sexual Abuse Committees. These six committees would operate from the six Child and Family Services Agencies. Their composition should be similar to the present committees and they should deal with matters concerning both physical and sexual abuse of children. Each committee should be chaired by someone who is expert in the field and who does not work within the Child and Family Services structure. The Agency should provide the site for the meetings and the staff which are required for the effective functioning of these committees.

The mandate for these committees would be provided by the Agencies. The need for multidisciplinary consultation is recognized throughout the system and the Agencies need do no more than ask for advice for the mandate to exist. It would be a reasonable expectation that case decisions should operationalize committee decisions under normal circumstances. Indeed, it seems pointless to ask for advice unless one intends to regularly make use of it.

ADVOCACY

Within the child and family services system, this role has been assumed by the Child Protection Centre, the Ombudsman, certain prominent individuals, and frequently, the Physical and Sexual Abuse Committees. For the most part, these groups and individuals advocate for children on a case-by-case basis, with their most common targets being Child and Family Services Agencies and government. They also become involved in legal issues pertaining to children, either in response to court decisions, or the wider issues of Criminal Code amendments.

Advocates within the system offer common themes - apprehension and placement. In their view, children are suffering because of inadequate and temporary treatment plans which are often oriented around crisis, where the crisis will likely recur over time. It is perceived that the "best interests of the child" are being confused with: "keeping families together" and that this is often inappropriate.

PROTOCOLS, DIRECTIVES AND GUIDELINES

In April of 1984, the Ministers of Community Services, Health, Education and the Attorney-General signed a multi-disciplinary protocol to ensure that the needs of abused children are met - that their rights are protected, and that where possible, families can be kept together with the support of all involved. The protocol defined child abuse and outlined the reporting requirements when abuse is suspected.

While the protocol articulated a spirit of cooperation at the ministerial level, cooperation among the four departments breaks down in practice:
breaks down in practice:

1. The role of the Department of Health in the coordination and implementation of treatment services for abuse victims is not clear.
2. Different social workers in different Child and Family Services Agencies have different standards for abuse.
3. The education system is beginning to prioritize its abuse reports from the premises that Child and Family Services may not investigate, or, that the investigation may be more damaging than the existing problem.
4. The court process is slow and judges can be reluctant to accept the uncorroborated evidence of a child. (See Appendix for Legal Opinion.)

Despite the protocols, much of the current activity surrounding the day-to-day response to abuse remains with Community Services.

Within Community Services, the Director of Child and Family Services is empowered under the Act to ensure the development of service standards and practices to be followed in providing services to children and families - section 4 (1)(d). To do so, he may issue a written directive to the Agency - section 4 (2)(g). In return, the Agency must conform to a

written directive of the Director - section 7 (1)(p). There have been twenty directives issued to which, in theory, all Agencies must abide. These tend to be primarily administrative:

Regulations are more forceful than directives. They are written as extensions of the Act and carry the weight of statute. Contravention of a statute is technically a breach of the law.

Less clear are guidelines, which are also issued by the Director. Unlike regulations, which are extensions of the Act, guidelines are more "suggestions for good practice". They are standards statements and are now being issued because of a lack of standardized practice across the system. The presence of program standards and accountability to such standards would obviate the need for guidelines.

CHILDREN'S RIGHTS

Much discussion around child abuse occurs at the micro level and concerns its impact upon a particular child or family. Less discussion is carried on with reference to its impact upon society. Child abuse is not a new cultural phenomenon. It has existed for thousands of years, partly as an extension of discipline and partly as a result of viewing children as parental property. The issues of societal mores and values are critical. Does the totality of child abuse reports indicate a new willingness on the part of society to afford children special protection?

Section 2 (1)(a) of the Act notes that a child should have

the opportunity for a parent-child relationship as a wanted and needed member within a family structure. If this is indeed every child's "right", what is not apparent is the community's response should this right be unavailable. The community is willing to report abuse, but is less willing to support a broad range of services in order to deal with it effectively. It is quite possible that the current numbers of reports are only the tip of a very large iceberg. To truly extend rights to children will require a reduction in the rights of parents. Discussions about abuse have yet to be conducted at this level.

REGISTRY

A child abuse registry has existed in Manitoba since 1971. It is a list of substantiated and suspected child abuse victims and offenders and is estimated to include some 2,000 names. As a tool within the system, the registry has potential usefulness in tracking and identifying both victim and abuser. The latter is particularly significant in the licencing of foster homes and family day care centres or in recruiting big brothers and scout leaders to name but a few examples. Furthermore, research indicates that victims tend to grow up into abusers. Some record is, therefore, necessary.

The nature of and access to that record is a separate proposition. Should only confirmed cases be included or should all suspected cases be listed? Should someone be formally notified that their name is listed? Finally, by what mechanism

can names be removed? These questions will be examined in more detail for the final report.

Perhaps the most contentious issue relates not to how a person's name gets on or off the registry, but how the information on the registry is used by those who have access to it. There seems to be general agreement that the names of suspected abusers and confirmed abusers should be registered, but under different categories. Once registered, the key issue becomes whether a person's civil rights are unjustly compromised as a result. For example, there is a consensus that confirmed abusers should not be allowed to work in certain occupations such as day care workers or teachers. Presumably, those registered as confirmed abusers would be denied employment in these occupations. This practice raises some important human rights questions. Should this denial of employment be indefinite or time-limited and should this restriction also apply to those registered as suspected abusers?

These are only examples of complex and important questions that pertain to the use of the registry. There are many outstanding issues that will need resolution to ensure proper and just utilization of registry information.

The Team is cognizant of the fact that the Department has recently completed an internal review of the Child Abuse Registry. This internal report will be reviewed in detail before any recommendations are made in the final report.

STANDARDS

Many problems within and between Child and Family Services Agencies and between those Agencies and the Child and Family Support Directorate stem from a lack of well-articulated and agreed upon standards. Standards provide the potential for accountability. Conversely, the lack of standards minimizes accountability and facilitates a great deal of finger pointing. It is not clear "who is responsible for what" in the system.

One might assume that since the Child and Family Services Agencies function as agents of the Province and that under section 4 (1)(d) of the Act, duties of the Director include the establishment of service standards, such standards would be in place. Since there are no standards, Agencies have developed their own approaches to service delivery.

The writing of standards is now being carried out by the Directorate. To this point, directives and guidelines serve as the primary standards within the system. At the Agency level, not all Boards have completed writing policies and procedures. Thus, there currently exists a lack of standards at both the Directorate and some Agency levels. Ideally, standards should have been in place at the implementation of regionalization.

SERVICE DELIVERY

There continues to be an ongoing debate over the merits of

the generic social worker within Child and Family Services. The sharpest criticism over this approach to service delivery comes from Agencies which regularly contact Child and Family Services and from professional organizations.

The criticism follows from a recognition that child abuse detection, investigation, and treatment requires skill and experience. Such expertise can be best sustained and further developed through specialization although at some cost to their grasp of the total system. Social workers who must provide a range of child and family services may not contact sufficient abuse cases to expand their expertise to a sufficient degree. In addition, not all social workers may want to work with abuse victims or offenders, as they find this work repulsive.

There are social workers in the field who are uncomfortable with their generic role. Many are redeployed specialists from the Children's Aid Society of Winnipeg. With the exception of those specialists who once staffed the abuse unit at the former Children's Aid Society, many others cite a lack of training and familiarity in the handling of child abuse cases.

Depending upon the region, five Agency responses, which are not mutually exclusive, are possible:

1. Ensure the caseload reflects some aspect of the individual's specialty.
2. Pair an inexperienced worker with experienced abuse workers.
3. Ensure supervisory consultation to develop expertise.

4. Provide in-service training and workshops.
5. Encourage that individual to leave.

With few exceptions, most social workers within the regional units feel capable of handling an abuse intake, given the appropriate time and support from colleagues, coordinators or supervisors. However, this capability begins to break down should multiple intakes occur, placing severe stresses on a social worker's time, and access to resource people, in order to undertake a thorough investigation. Where abuse is a significant proportion of a social worker's caseload in some units, they are frequently running from crisis to crisis as multiple intakes arise.

The ability to respond to abuse is further complicated by a lack of resources. With rare exceptions, there is no easily accessible continuum of care in abuse cases. Once the intake and investigation are completed, treatment, including readily obtainable psychological assessments, is difficult to access. Moreover, it is up to each worker to be knowledgeable of the treatment resources available within the province.

Placements are difficult to find, especially for older children and adolescents. There are waiting lists for most treatment groups and counselling services. Most Child and Family Services social workers do not have the time to provide the type and intensity of therapy demanded by abuse cases. Higher income families may be able purchase the services of private therapists; lower income families cannot and must wait for what the system

can offer.

Viewed at some distance, the generic-specialist argument may screen a larger issue: generic social workers would be better able to respond given more treatment alternatives and resources at their disposal. In addition, the sheer number of abuse cases identified at present precludes their being handled by specialists unless that specialist unit is very large. Finally, there is a lack of recognition that outside the perimeter in rural and northern Manitoba, generic social work has been practiced for a long time and is continuing to be practiced.

Within regions, units are developing their own definition of "generic". Emerging in some units is a blend of specialist and generic services - the generic team. Cases are distributed more on the basis of interest or specialty and less on the basis of geography, within the team's regions. The result is that much of a social worker's caseload can reflect the primary area of interest, although they can become involved in other areas should the need arise. The team then uses the strengths of its social workers to deliver generic services. At the regional level, one can find specialists in abuse, foster homes, and community development. At least one unit has moved to intake as a specialty, assigning several social workers to undertake this role as their sole function. Generally, flexibility and doing what is required to get the job done is superceding strict adherence to a particular approach.

The Act is silent on just how services are delivered in terms of a generic or specialist approach. There is no preference for either approach by the Director of Child and Family Services, with the caveat that whichever approach is chosen must deliver services to an acceptable standard.

TRAINING

A critical aspect of the generic approach is training. The lack of training opportunities is universally echoed by social workers and supervisors since the implementation of regionalization. Their main criticism in this area is levelled at the Directorate for not implementing a comprehensive training package either prior to or on April 1, 1985.

Regions have been forced to respond to training as they see fit. This usually involves a brief, one to three day orientation acquainting the social worker with staff, files, and forms. Thereafter, they are given a caseload; in most instances, a small one, and may be paired with another Agency social worker or work closely with the supervisor for consultation purposes. However, it is not long before they are expected to be functioning at "full capacity".

There is a prevailing myth in the system that units are staffed by a large number of young, new social workers with no experience. An analysis of Agency staff profiles for supervisors

and social workers/coordinators is shown in Table I on the following page.

The highest proportion of newer, less experienced social workers are in Central and West. What is not clear is the combination and types of training and experience required to deliver child and family services effectively. Within Agencies, the following training needs have been identified by social workers:

1. orientation
2. intake
3. assessment

Treatment skill development is also raised, but within the context that few workers have time to initiate treatment. The treatment training issue is further complicated by lack of consensus on just which treatment modality works best. Some social workers are also reluctant to attend training sessions because they risk falling further behind in their casework. Supervisory training is also an issue within Agencies and case management skills appear to be uneven across the system.

Supervisors face the added responsibility of all aspects of office management, for which many are not prepared. The office management functions erode the time available for supervision or case management functions. Moreover, regions are at different stages in developing job descriptions and performance evaluation techniques, complicating the ability to evaluate and supervise staff where such objective measures do not exist.

TABLE I
EXPERIENCE BY REGION

	NE	NW	S	C	W	E
<u>Supervisors:</u>						
Avg. yrs. exp.	8.3	14.6	13.7	11.8	12.0	15.5
Number on staff	3	5	3	5	3	5
<u>Social Workers:</u>						
Avg. yrs. exp.	6.9	8.6	11.9	4.0	5.3	7.7
Number on staff	22	49	18	42	23	47
<u>% Social Workers</u>						
<u>Yrs. exp.=2 or less</u>	13.6	28.5	0.0	54.7	56.5	18.9
Number on staff	3	13	0	23	13	7

The levels of training and competence for Board Members vary across the system. For some people this is their first experience on a board and others are seasoned professionals with many years of experience. Given the critical role that the Child and Family Services Agencies play within our province, it is extremely important that these Boards are adequately skilled.

As a consequence of the above, it is recommended that \$8,000 per organization be made available for the purpose of board training. This would allow each Agency to purchase the services of a specialist in the area of decision-making within non-profit organizations. The amount specified would pay for

approximately 15 days work, including travel and expenses. The Boards should make their own choices of advisors and may decide, in fact, that they have sufficient skill at present and have no wish for further training. However, a modest expenditure of this sort could potentially have a considerable effect upon the current child and family services system.

Three levels of training responsibility have been identified: the Agency, the Child and Family Services Directorate, and post-secondary education. Agencies are using a variety of in-service approaches including workshops provided by coordinators, experts brought in from outside the Agency, tuition available to attend workshops outside the Agency, and consultation with supervisors and experienced staff.

In the past, the Directorate has offered intense child welfare orientation and has hosted annual conferences attended by social workers from across the province. Training needs were identified in the restructuring of Child and Family Services in two areas:

1. The development of an orientation and training program pertinent to staffing all services in the new system.
2. The development of relations with existing employment training programs for specialized training of graduates to fill affirmative action staff requirements.

Although needs were identified in advance of April 1, 1985, the training response has only been operationalized within the past two months. Two trainers specializing in child abuse have been

put in place at the Directorate. Until their arrival, training support was one of the many functions of the Child Abuse Program Coordinator. The delay in implementing a planned and coordinated training program has been a weakness of the new system with respect to both the Directorate and the Agencies.

A variety of institutions outside the service delivery level also have an impact on training. Foremost is the School of Social Work. There is wide agreement from social workers within Child and Family Services that the School is not providing training in areas pertaining to child abuse sufficient to meet the demands of their jobs. Social workers from either New Careers or Winnipeg Education Centre tend to have more "hands on" training in child abuse than their counterparts from the Fort Garry Campus. It is conceivable that an individual can graduate with a BSW having never interviewed a client.

The School of Social Work is but one of several faculties cited as not providing sufficient education around child abuse. Teachers indicated that within the Faculty of Education, there are few references to child abuse. Discussion of the topic is limited to one or two professors who have an interest in this area and include it as a component in their courses.

Within the Faculty of Medicine, child abuse detection, assessment and immediate management is now being given some attention by the specialties of family practice and pediatrics. However, there is no consensus as to the role medicine should

play in follow-up therapy for issues related to sexual abuse.

Much of the training around child and family issues is offered by Continuing Education at the University of Manitoba. Many social workers access these courses and workshops; however, they are critical of their high registration costs. In some Agencies, social workers are allocated an annual amount for training. The registration fee for one weekend workshop sponsored by Continuing Education can consume most of their training allowance.

Since so many disciplines are potentially involved in the abuse process, some sharing and coordination of training and education is required.

RISK

In its discussions with social workers and other disciplines, the Review Team has found a significant lack of consensus over the issue of risk.

While many social workers are familiar with the dilemma of whether or not to apprehend a child in an abusive situation, the difficulties in arriving at a decision can be amplified once other professions and disciplines are consulted. "High risk" as defined by one profession may not be defined similarly by another profession. It is vital that disciplines involved in the protection of and planning for children be able to speak the same language in determining risk, given the trend to multidisciplinary teams in this field.

An index measuring risk could be a useful tool in providing some commonality in assessing children in abusive or potentially abusive situations. Although it must be acknowledged that an index can never be comprehensive enough to identify all the complexities and subtleties within abuse cases, it can at least provide a good starting point into the effective review and conduct of such cases.

To this point, the Review Team has undertaken an extensive review of literature pertaining to abuse in order to identify variables which may serve as predictors of high risk. A range of such variables have been selected, but their validity will require testing. Results will be noted in the final report.

Although the isolation of predictor variables is in itself a difficult task, a more fundamental difficulty exists over the definition of risk. There is no system-wide agreement over just what constitutes abuse. Notwithstanding its definition in the Act, child abuse has many definitions. It is evident that in practice "abuse" is in the eyes of the beholder.

Sexual abuse has captivated the system and has a much higher profile than other forms of abuse. In particular, "neglect" appears to be waning in terms of the attention being paid to it by social workers. This is partly the result of feeling helpless to change the many complex issues related to poverty which tends to underlie neglectful situations.

S E C T I O N I V
S Y S T E M M A N A G E M E N T I S S U E S

ROLE CONFLICT: AGENCIES AND THE DEPARTMENT

A significant problem exists within the current system in that the duties and powers of the Director of Child and Family Services as conveyed by Sections 4 (1) and 4 (2) of the Child and Family Services Act are, in practice, in conflict with the activities of the Boards of the Agencies specified in Sections 6 (10) and 7 (1) of the Act. The current system has created a decentralized delivery mechanism which is premised upon a centralized authority. In effect, the Agencies have only such powers as the Province chooses to delegate to them at any point in time and this authority can be revoked at the pleasure of the Department of Community Services.

While it would be politically impractical for any government to tamper with this mandate on the basis of whim, and this has not occurred, the current arrangement has at least two unfortunate consequences. The Agencies are expected to provide full and adequate services without the ability to make all relevant decisions and provincial officials are very often occupied with case related activity to such a degree as to make it difficult for them to perform other essential functions. There are a number of parts of this report that attest to these facts, particularly those concerning management information systems, financial management and client appeals.

A regionalized delivery system is premised upon the expectation that a local organization is best able to make decisions concerning a particular case. This derives from the

fact that the Agency is more able to sustain roots in its community than a centralized entity and to become expert in matters relating to the culture and institutions of this community. This is a reasonable proposition on the face of the matter and our experience during this review has confirmed that the Agencies have developed this expertise to a substantial degree.

However, the potentially parochial attitudes of the local organization must be countered by another view which sees the issues in a more broad context. In addition, within Canada's federal structure, money is most efficiently and effectively raised through national and provincial taxation. Since the two senior levels of government are directly involved in this fashion they have the obligation to be accountable for this money, and while the Federal Government is involved in funding these activities through the Canada Assistance Plan, the constitutional responsibility for dealing with social services lies with the Province. In consequence of these realities, the Provincial Government is the only location where planning can be carried out for the total provincial system and a major focus of this activity should be the maintenance of standards of performance throughout the child welfare system.

In brief, we suggest that, in a decentralized structure such as the child welfare system, the day-to-day operations should be under the control of the local Agency to the maximum degree which is feasible. The central body should bear the primary

responsibility for establishing standards, raising money to fund the apparatus, evaluating the local organizations to ensure that standards are met and for the coordination of the many parts of this complex organizational structure. Conversely, the Province should only be involved in individual case matters on an occasional basis when there is good reason to believe that the local Agency may have formed an improper decision or that existing policy is inadequate for the purpose at hand.

In the course of this review to date, it has been observed that a considerable amount of time is devoted by Provincial staff to case discussions and other matters which are properly within the jurisdiction of the Agencies. This would seem to be a partial explanation for the relatively undeveloped state of such central functions as the creation of a management information service.

Financial management is a matter that requires particular attention. There is evidence that the question of joint jurisdiction is a problem with regard to budgetary issues. One example is that when an agency wishes to place a child in a resource that costs up to, and including \$29.00/day, it can make this decision on its own. If the cost is more than \$29.00/day, but less than \$50.00/day, then the decision must be made by the Director of Child and Family Services. If it exceeds that cost, then the decision must be made by the Minister of Community Services. One would be hard pressed to imagine a more cumbersome system.

If individual organizations are unable to control their spending then it is difficult for them to handle other parts of their work effectively. The current system exists in order to ensure financial accountability, however, other means must be sought that will fulfill this requirement in a more efficient manner than the current system. A global budgeting plan would be likely to achieve these ends. The final report will contain a specific plan for the initiation of a process which would result in the creation of a global budgeting system for the Child and Family Services Agencies.

Given that this is a new system, the number and degree of the problems which are encountered with reference to this issue are not surprising. One would expect that there would be ambiguity with regard to role definition and it is probably relatively amenable to resolution if the overall principles which are enunciated in this section are generally accepted. During the remainder of this review, these questions will be considered in some detail to propose possible means of resolving the problems which exist.

INTRAGOVERNMENTAL COORDINATION

The issue of child abuse cuts across existing departmental lines. A partial list of Provincially funded services which are directly involved in work in this area is: public health nurses, mental health institutions, hospitals, physicians, the Child Protection Centre, the six Child and Family Services Agencies,

Jewish Child and Family Services, Ma Mawi Wi Chi Itata Centre, Provincial Judges' Court, Court of Queens' Bench, crown prosecutors, teachers, and probation officers. As is evident from this list, the Departments of Health, Community Services, the Attorney-General and Education all play major roles in relation to child abuse.

One effect of this situation is that it is not possible to determine the exact cost of operating services for abused children. Gross expenditures by the Department of Community Services for child maintenance payments or for core funding of the six Agencies are obvious, however costs specifically related to abuse services are not as easily available. There is no way of determining what proportion of a line worker's time is spent doing work with abuse cases. There is also no way of knowing how much of a worker's time is spent performing collateral functions (e.g. report writing, travel, attending consultation meetings). As a result, the cost of delivering abuse services in the Child and Family Services system is not known.

This is however, not a problem unique to that system. A considerable amount of worker time in other systems is also spent dealing with abuse. An example is that guidance teachers devote a significant part of their time to detecting and reporting possible abuse situations and providing direct service to abused children. There is no calculable cost for this activity in any particular instance and, as this is a part of their day-to-day work, it is not accounted for in a separate budget category. In

most of these other services, work in this area is a part of their total function and existing budget procedures do not allow these expenditures to be factored out in a meaningful manner. In consequence, the actual overall cost of running the child abuse service system is unknown. There will be proposals for one or more solutions to this problem in the final report.

A further problem exists with regard to coordination of these services. There are staff from a number of departments at varying levels dealing with abuse as a part of their job. This situation is exacerbated by the existence of separate cost-sharing agreements for health, education and social services. The net effect of these factors is the creation of an incentive system for each department to concentrate primarily on its own problems and to curtail its activities in situations where there is an overlap of jurisdiction.

While the existing institutional arrangements may be functional from another point of view, the necessary consequence of the situation is a fragmentation of services for abused children. It is important to be assured that there are coordination mechanisms in place which will effectively address the existing issues.

COORDINATION: CHILD AND FAMILY SERVICES AGENCIES

Centralized and decentralized organizational structures have differing, and predictable, characteristics and accompanying problems. A centralized structure will have observable problems

in assuring that there is continuity in the organization and that the policy which is established at the top is carried out at the bottom. A decentralized delivery mechanism can be expected to experience problems with the duplication of administrative activity and ineffective coordination.

Duplication of administration has not been observed to be a problem within the Child and Family Services Agencies. While they are smaller than the previous Children's Aid Society of Winnipeg, they are still sufficiently large as to be able to make efficient use of administrative staff.

Coordination is, however, a significant matter. The main mechanism for handling this issue seems to come from the activity of the Executive Directors. They meet often, as problems arise, and this provides a useful base for handling this matter. However, there would seem to be a need for a more highly structured format to handle these matters on an ongoing basis. This question will be dealt with in some detail during the remainder of this review.

COORDINATION WITH OTHER ORGANIZATIONS

A problem which is parallel to that described under the heading, "Intragovernmental Coordination", exists with reference to linking the activity of the core services in this area to other bodies which are primarily municipal or private organizations. Some examples of this are the Winnipeg Police Department, Children's Home, Knowles School, day care centres and

the Family Services Agency. These, and many other agencies, are involved with abused children on a more or less continual basis.

There are usually staff from a number of these organizations involved in any case. Each of these have their own conception of the issues involved and also have reporting systems that are distinct from the others. It is a complex matter to have these people act together effectively and to achieve a unified view of how a particular case should be handled.

There is also good reason to believe that there is a need for coordination mechanisms which are more comprehensive than those which can be achieved on a case by case basis. This is particularly important for those institutions which are active in this area as a significant part of their work. One aspect of this problem emerges when examining the difficulty with which the regionalized Child and Family Service Agencies relate to centralized structures such as the Winnipeg Police Department and the Child Protection Centre.

There are a variety of solutions which might be effective in this situation. However, they must be consistent with other parts of the administrative patterns of the complete system. These questions will be considered an integral part of the final report.

CLIENT APPEALS

There are currently a significant number of appeals from clients which are being handled through the Ombudsman's office

and the Director of Child and Family Services. In addition, some of these have reached the Minister of Community Services. This is a very expensive and cumbersome set of methods for dealing with problem resolution.

It is taken as a fundamental premise of this report that each person has a right to a full and competent review of their problem and that they should be able, as a matter of course, to have access to a process which is both fair and expeditious. It is difficult to conceive of a question which is more important than the custody of children. The appeal system should embody the seriousness of the issue.

An anomaly in the current situation is that the critical actors in the system, the Boards of the Child and Family Services Agencies, are not significantly involved in the appeal process. In an analogous situation, such as a school board, the elected representatives play the major role with regard to this activity. The inevitable result of this situation is that the importance of Regional Boards is lessened. If they are to function as the key decision-makers in their community, it is vital the Boards deal effectively with client dissatisfaction.

The current situation is the outcome of overlapping responsibilities between the Boards, the Director of Child and Family Services and the Ombudsman. The powers of the Director of Child and Family Services are specified in the following sections of the Child and Family Services Act.

Section 4 (1)(f):

Under the control and direction of the minister, the director shall receive and hear complaints from any person affected by the administrative actions of an agency.

Section 4 (2)(d):

For the purpose of carrying out the provisions of this Act, the director may establish boards to hear complaints under clause (1)(f).

As is evident, the Director has both the authority and the obligation to attend to appeals. The ability to delegate this function is explicit within these powers and is also articulated in the following section.

Section 4 (3):

The director may, in writing, authorize a person or an agency to perform any of the director's duties or exercise any of the director's powers and may pay reasonable fees and out-of-pocket expenses therefor.

The duties of the Directors of a Child and Family Services Agency are stated in Section 7 (1) and their powers in Section 6 (10) of the Act.

Section 6 (10):

Subject to this Act, the directors of any agency shall

- (a) exercise the powers of the agency directly or indirectly through the employees and agents of the agency; and
- (b) direct the management of the business and affairs of the agency.

It would seem reasonable that any appeal should be resolved at the level of the community agency if the principles of the Act are to be put into practice. Section 10 of the Declaration of Principles of the Act states that:

Communities have a responsibility to promote the best interests of their children and families and have the right to participate in services to their families and children.

It is recommended that the Boards of the Child and Family Services Agencies create explicit appeal procedures that will deal with the majority of client appeals both equitably and quickly. The normal route would be for the client to first discuss the disagreement with the worker in question. If this fails to bring satisfaction, they should make their case known to the worker's supervisor and the next step would be to meet with the Executive Director.

If the client is still not satisfied with the decision, they should have the right of appeal to a committee of the Board of Directors. This committee should be composed of three Board members, elected in the same manner as other Board committees, who are empowered to perform this function. If the information in question is made available to the Board members at the request of the client, there is no issue of confidentiality here as the client is revealing information about themselves at their own volition. It would be expected that the Board members would observe the usual conventions concerning confidentiality and that there would be no disclosure of the information which was discussed beyond the limits of the Board of Directors.

It has been occasionally mentioned during the course of this review that there may be problems associated with Board members having access to information concerning clients. It would seem evident that if these people are sufficiently responsible to exert control over the budget of the Agency, they are sufficiently responsible to behave in an appropriate manner with regard to confidential information. We are not aware of any reason to believe that Board members are less cognizant of the importance of this issue than the social workers who have daily access to this information. In practice one would expect that there would be occasional lapses from both groups with regard to this issue and that the normal practice of either group would not be problematic.

As the Directors would be exercising the powers conferred upon them by the Act to administer their organization, there is no infringement of the powers of the Director of Child and Family Services.

If the Director and the Ombudsman were to observe a procedure whereby they would not intervene in an appeal unless the steps which are outlined above have been followed, the three systems would be complementary. This would enable the majority of appeals to be satisfactorily handled at the local level and still preserve the benefits of an external review when appropriate. This should result in faster disposition of the appeals, stronger Board control over their staff and the preservation of existing rights.

This type of appeal mechanism would respond to complaints related to service delivery or agency functioning. It is not intended to be a device for reviewing judicial decisions even if those decisions impact upon service delivery. Any attempt to review a decision handed down by the Unified Family Court would be outside the proper jurisdiction of these bodies.

What has been proposed in this section of the report is only a generalized description of a possible appeal mechanism. As part of the continuing review process the Team will deal with this proposal in much more detail.

MANAGEMENT INFORMATION SYSTEMS

The absence of a viable management information system is the cause of considerable difficulty in the current child abuse system. Budgets are still being prepared and administered in an unwieldy fashion and the case tracking techniques are not appreciably different than those which have been in use for many years. One consequence of this situation is that staff resources are being wasted. In addition, it is inevitable that the authority of the Boards of Directors is being limited to some degree by not having access to computer-based information on a regular basis. It is exceedingly difficult for someone to absorb and analyze the volume of information which this system generates concerning budgets and client statistics as a part time activity.

The benefits of a functional, computerized information and budget system to individual Child and Family Services Agencies would include the following:

1. Improved Board decision-making.
2. Improved ability of staff to monitor cases.
3. Greater accountability within the organization for individual decisions.
4. The creation of a data base for internal decisions concerning the evaluation of current practices.
5. Improved access to, and monitoring of, community resources such as group homes, foster homes and homemaker services.

There would also be benefits concerning the ability of the Child and Family Services Agencies to coordinate their activities and to be of assistance to each other. One example of this would be the circumstance where a family is being monitored by a particular Agency and they move from the catchment area that is served by that Agency. A unified data system would allow the other agencies to be aware of the previous history of that family with the system in a comparatively simple manner and thus improve their ability to make decisions and provide services to that family.

Another change which would result from this proposal is the creation of a core of standardized budget and case information across the agencies which would greatly improve the ability of the Department of Community Services to monitor the activity of the system. Without this information, the ability of Provincial officials to conceptualize the child welfare system as a whole is severely constrained and it is difficult to imagine how adequate planning can be carried out without data of this type.

If one wishes to ensure that tax dollars are being well spent, it would be useful to be able to relate expenditures to particular activities in a reasonably reliable manner. For example, it is important to be able to compare the cost-effectiveness of differing administrative structures on a continuing basis. The potential improvements within the system resulting from improved planning and decision-making make this a critical area for the review.

Discussions with Provincial officials concerning their proposed data system will enable the review to make a judgment in the final report concerning its suitability to addressing the problems of child abuse.

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SECTION V
THE REVIEW: PHASE II

D I R E C T I O N O F F I N A L R E P O R T

The final report, which is due on January 31, 1987, will pursue the questions that we have touched upon in the interim report. We will follow these to the point of proposing means to resolve most, or all, of these issues. The final report will also examine some matters, such as the level of funding for the system, which have not been dealt with in this report.

Ultimately, the fate of the problems in this field will be shaped by the degree to which the community agrees on the need for change and the extent to which certain issues have a high degree of consensus. Furthermore, other government departments must share society's child abuse problems which are currently being carried mainly by Community Services. The successful resolution of these issues will be dependent upon the cooperative efforts of many groups. Adequate training programs will improve the ability of staff working in the system to recognize and respond to the phenomenon of child abuse.

A general willingness to understand the stress and demands of child protection work is the foundation for the support those Child and Family Services workers will feel in their difficult jobs. A consensus on advocacy for children will have important implications for how groups solve problems. The recognition that budget issues shape to a considerable degree the appearance and nature of services will allow for opportunities to examine standards of service.

A P P E N D I X

INTERVIEW LIST: INDIVIDUALS

<u>NAME</u>	<u>POSITION</u>
Hon. Muriel Smith	Minister, Manitoba Community Services
Michael Mendelson	Deputy Minister, Manitoba Community Services
Aleda Turnbull	Assistant Deputy Minister, Child & Family Services
Drew Perry	Executive Director, Child & Family Services
Mary Humphrey	A/Director, Child Day Care
E. Hasiuk	Director, Child & Family Services
J. Chudzik	Child Abuse Program Coord., Child & Family Services
R. Chambers	Wpg. Child Abuse Prog.Coord., Child & Family Services
Hon. Jerry Storie	Minister, Manitoba Education
D. Lucas	Consultant, Guidance & Counselling, Manitoba Education
T. R. Edwards	Deputy Minister, Manitoba Health
Dr. S. MacDonald	Assistant Deputy Minister, Maternal & Child Health
Dr. C. Becker	Director, Maternal & Child Health
M. E. McKenzie	Consultant, Maternal & Child Health
T. Walters	Director, Mental Health Services for Children
Dr. H. K. Sigmundson	Director, Manitoba Adolescent Treatment Centre
Hon. Roland Penner	Attorney-General, Province of Manitoba
B. Thiessen	Exec. Dir., Community & Youth Correctional Services
D. L. Schellenberg	Exec. Dir., Child & Family Services of Central Wpg.
D. C. Waters	Exec. Dir., Child & Family Services of Eastern Man.
A. Finkel	Exec. Dir., NEW FACESS
T. Maloney	Exec. Dir., Northwest Child & Family Services Agency
G. Penwarden	Exec. Dir., Wpg. South Child & Family Services Agency
J. Boyko	Exec. Dir., Child & Family Services of Winnipeg West
J. Hill	Director, Ma Mawi Wi Chi Itata Centre, Inc.
B. Yullen	Exec. Dir., Jewish Child & Family Services
B. Cummine	President, NEW FACESS
L. Rowntree	President, Child & Family Services of Central Wpg.
D. Young	President, Child & Family Services of Winnipeg West
T. Townsend	President, Wpg. South Child & Family Services Agency
C. Droznak	Supervisor, NEW FACESS
J. Richardson	Supervisor, NEW FACESS
T. Williams	Supervisor, NEW FACESS
S. Boyce	Supervisor, Child & Family Services of Central Wpg.
P. Cohen	Supervisor, Child & Family Services of Central Wpg.
M. MacKenzie	Supervisor, Child & Family Services of Central Wpg.
H. Adrian	Supervisor, Child & Family Services of Central Wpg.
W. Helgason	Supervisor, Northwest Child & Family Services Agency
G. Kuryk	Supervisor, Northwest Child & Family Services Agency
P. Harrison	Supervisor, Northwest Child & Family Services Agency
M. Cameron	Supervisor, Wpg. South Child & Family Services Agency
H. Carruthers	Supervisor, Wpg. South Child & Family Services Agency
G. Johnson	Supervisor, Wpg. South Child & Family Services Agency
Gerry Mercier	M.L.A., St. Norbert Constituency
Gary Filmon	M.L.A., Leader of the Official Opposition
K. Black	Asst. Director, Child Guidance Clinic of Greater Wpg.
Dr. C. A. Ferguson	Clinical Director, Child Protection Centre
Dr. K. N. McRae	Director, Child Development Clinic, Children's Hosp.

INTERVIEW LIST: INDIVIDUALS (continued)

<u>NAME</u>	<u>POSITION</u>
J. H. Waldron	Exec. Director, Family Services of Winnipeg Inc.
L. DeBeers	Sexual Assault Program Coord., Klinik
A. Arnold	Executive Director, Man. Assoc. of Rights & Liberties
J. Handle	President, Manitoba Association of Social Workers
A. Ojah	President, Manitoba Association of Social Work Administrators in Health Facilities
J. Earle	Exec. Director, Manitoba Foster Parents' Association
M. Strang	Supervisor, Child & Family Services, Dauphin
C. Cronin	Executive Assistant, Child Health Committee, M.M.A.
C. Barker	President, Manitoba Teachers' Society
B. Romano	Dept. of Social Work, St. Boniface General Hospital
C. Wotherspoon	Director, Marymound School
G. Kaplan	Coordinator, B.A.S.C. Inter-Agency Network
Chief Judge H. Gyles	Provincial Judges Court
Dr. L. Trigg	The Children's Home of Winnipeg
L. Campbell	Family Studies Group, School of Social Work, University of Manitoba
Sergeant I. Logan	Coordinator, Child Abuse Unit, Winnipeg Police Dept.
K. Duncan	Royal Canadian Mounted Police
H. Stephen	Chief of Police, Winnipeg Police Department
S. Oakley	Canadian Union of Public Employees
B. McKenzie	Director, Winnipeg Education Centre
Prof. A. Penner	School of Social Work, University of Manitoba
S. Nerman	Manitoba Child Care Association
N. McCormick	Director of Health Promotions, Victoria Hospital
T. Sale	Senior Policy Analyst, Manitoba Finance
Dr. J. Huot	Health Action Centre
B. Dickson	Guidance Counsellor, St. Norbert Collegiate
John P. Guy, Q.C.	Assistant Deputy Attorney-General, Province of Man.
Prof. P. Hudson	School of Social Work, University of Manitoba
A. Lawrence	Family Therapist
J. Clarkson	Analyst, Treasury Board, Manitoba Finance
K. Cooper	Executive Director, The Children's Home of Winnipeg
Dr. E. Ellis	Chairperson, Physical Abuse Comm., Children's Hosp.
I. Cuthbertson	Manitoba Government Employees Association
N. G. Harvey	Exec. Dir., Manitoba Association of School Trustees
E. Isaac	Child Welfare Advisor, First Nations Confederacy
B. Currie	Case Manager, SCAN, Children's Hospital

In addition, Team staff of NEW FACESS, Child & Family Services of Central Winnipeg and Northwest Child & Family Services Agency were interviewed.

The above should be considered a partial list and we apologize for any names that we have omitted.

INTERVIEW LIST: ORGANIZATIONS

1. Child and Family Services of Eastern Manitoba
2. Child and Family Services of Central Winnipeg
3. Northeast Winnipeg Family and Child Extended Social Services
4. Northwest child and Family Services Agency
5. Winnipeg South Child and Family Services Agency
6. Child and Family Services of Winnipeg West
7. Jewish Child and Family Services
8. Ma Mawi Chi Itata Centre Inc.
9. Child and Family Support Directorate
10. Child Protection Centre
11. St. Boniface Hospital Child Abuse Committee
12. Winnipeg City Police
13. Marymound School
14. The Children's Home of Winnipeg
15. Education
16. Community and Youth Corrections (Probation)
17. Child Day Care
18. Attorney General, Provincial Court
19. Attorney General, Criminal Justice Division
20. Health, Maternal and Child Health
21. Health, Mental Health
22. Health, Community Psychiatric Services for Children
23. Child Guidance Clinic
24. Canadian Union of Public Employees
25. Manitoba Government Employees Association
26. Manitoba Teachers' Association
27. Manitoba Child Care Association
28. Manitoba Foster Parents' Association
29. Winnipeg Foster Parents' Chapter
30. Manitoba Association of Social Workers
31. Manitoba Institute of Registered Social Workers
32. Manitoba Association of Social Work Administrators in Health Facilities
33. Manitoba Metis Federation
34. Family Services of Winnipeg Inc.
35. Klinik, Inc.
36. Health Action Centre
37. Provincial Advisory Committee on Child Abuse
38. Manitoba Association for Rights and Liberties
39. Gary Filmon/Gerry Mercier
40. Brad McKenzie/Addie Penner
41. Dr. Eric Ellis
42. Keith Black
43. Norma McCormick
44. Child and Family Studies Research Group
45. School of Social Work, University of Manitoba



His Honour
Judge Arnold J. Conner

The Provincial Court of Manitoba

151 Princess Street
Winnipeg, Manitoba, Canada
R3B 1L1

November 4th, 1986

His Honour Judge Harold ff Gyles
Chief Provincial Judge
Main Floor, 373 Broadway Avenue
WINNIPEG, Manitoba
R3C 0T9

Dear Harold:

Further to your memorandum of October 21st, 1986, you asked me to prepare a response to two queries, namely:

1. Under what circumstances is the unsworn evidence of a child admissible in criminal matters?
2. Does such evidence always require corroboration?

As you are aware, the issues are covered by legislation. S. 586 of the Criminal Code provides:

"No person shall be convicted of an offence upon the unsworn evidence of a child unless the evidence of the child is corroborated in a material particular by evidence that implicates the accused".

S. 16 of the Canada Evidence Act provides:

"(1) In any legal proceedings where a child of tender years is offered as a witness, and such child does not, in the opinion of the judge, justice or other presiding officer, understand the nature of an oath, the evidence of such child may be received, though not given upon oath, if, in the opinion of the judge, justice or other presiding officer, as the case may be, the child

is possessed of sufficient intelligence to justify the reception of the evidence, and understands the duty of speaking the truth.

(2) No case shall be decided upon such evidence alone, and it must be corroborated by some other material evidence."

A child 14 years of age or older is presumed to have the capacity to understand the nature of an oath, and unless that capacity is challenged, the child may be sworn.

In the case of a child under 14 years of age, the judge must conduct an inquiry to determine whether or not the child understands the nature of an oath. Since the first question does not concern itself with this inquiry, I will not comment upon the law or the procedure in this regard, other than to say that if the judge determines that the child does understand the nature of an oath, the child may be sworn.

The first question concerns itself with the issue of what occurs if the judge determines that the child does not understand the nature of an oath and therefore cannot give sworn evidence. In that case the judge must proceed to determine whether the child is possessed of sufficient intelligence to justify the reception of the evidence and understands the duty of speaking the truth.

The question of sufficient intelligence is a question of fact and encompasses issues such as whether the child is capable of understanding questions put to him or her, is able to answer questions in an intelligible fashion and is able to comprehend the nature of the issues to be raised on direct examination and cross-examination.

With respect to the duty of speaking the truth, the law does distinguish between that duty and the understanding of the nature of an oath, although, I must say, the difference between the two has become very blurred and esoteric. In our everyday conduct, we are supposed to conduct ourselves in a truthful manner. That is an ordinary duty of normal social conduct. The understanding of the nature of an oath goes beyond the duty to speak the truth. It requires an appreciation of the solemnity of the occasion (the court proceedings) together with the assumption of the moral obligation to tell the truth on taking the oath and feel their conscience bound by it.

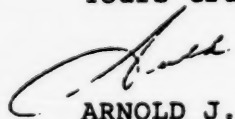
If the judge determines that the child is not possessed of sufficient intelligence to justify the reception of the evidence or that the child does not understand the duty of speaking the truth, the child may not testify in the proceedings. If the judge concludes that the child is possessed of sufficient intelligence and understands the duty of speaking the truth, then the child may give unsworn evidence.

This leads me to the second question. As s. 586 of the Criminal Code and s. 16 of the Canada Evidence Act state, the unsworn evidence of a child must be corroborated. However, there is an open question whether all unsworn evidence of a child need be corroborated. S. 586 states that "No person shall be convicted of an offence upon the unsworn evidence of a child" and s. 16(2) states that "No case shall be decided" upon unsworn evidence. Therefore, unsworn evidence of a child touching peripheral matters or given on behalf of an accused may not need corroboration.

Although not raised in your memorandum, one further point should be mentioned and that is the issue of child witnesses generally. The Supreme Court of Canada, in the case of Kendall v. The Queen referred to the rule of practice which requires the judge to warn the jury (or himself where he sits as the trier of fact) of the danger of convicting on the evidence of a child, even when sworn, the rule being based on a child's mental immaturity. The difficulty with a child's evidence is fourfold: (1) His capacity of observation; (2) His capacity of recollection; (3) His capacity to understand questions and frame intelligent answers; and (4) His moral responsibility. Thus, special caution must always be exercised in weighing the evidence of a child.

I trust you will find the above sufficient answer to the questions raised.

Yours truly,



ARNOLD J. CONNER
PROVINCIAL JUDGE

AJC/mrb

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